| Permit Tracking # |  |
|-------------------|--|
|-------------------|--|



| Section I. General Information   |  |  |  |  |  |
|--|--|--|--|--|--|
| Facility Name: C Street Snow Disposal Site   |  |  |  |  |  |
| APDES Permit Tracking Number: Not Applicable   |  |  |  |  |  |
| Facility Physical Address  |  |  |  |  |  |
| Street: 10,000 Block of East 100th Avenue  |  |  |  |  |  |
| City: Anchorage State: Alaska Zip: 99502   |  |  |  |  |  |
| Lead Inspector's Name: Trent White Title: SWPPP Inspector  |  |  |  |  |  |
| Additional Inspectors Names: Dustin Richmond   |  |  |  |  |  |
| Contact Person: James Belz Title: Superintendent   |  |  |  |  |  |
| Phone: (907) 343-8265 Email: james.belz@anchorageak.gov  |  |  |  |  |  |
| Inspection Date: 12/08/2022  |  |  |  |  |  |
| Section II. General Inspection Findings  |  |  |  |  |  |
| 1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?  Yes No                                    |  |  |  |  |  |
| If NO, describe why not:   |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water. |  |  |  |  |  |
| 2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP?   |  |  |  |  |  |
| If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

| Permit | Tracking | #     |  |
|--------|----------|-------|--|
| remme  | Hacking  | C 117 |  |

| 3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?  |
|--|
| If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:   |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| 4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots?  No. Ves. No. No. No. no monitoring performed   |
| If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| <ol><li>Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and<br/>around outfalls, including flow dissipation measure to prevent scouring:</li></ol> |
| At the time of this inspection, winter conditions were present. All outfalls are frozen. In advance of the   |
| freezing conditions both the on-site drainage systems and outfalls were free of pollutants. The site   |
| outfalls and surrounding areas were inspected in advance of freezing conditions, no maintenance was required and control measures were performing as designed.   |
| required and control measures were performing as designed.   |
|  |
|  |
|  |
| 6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report   |
| submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection? |
| Yes V No   |
| If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the  |
| MSGP were addressed by these corrective actions?   |
|  |
|  |
| Note: Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of   |
| this comprehensive storm water inspection.   |

|        |            | I OI Agency C | 2 |
|--------|------------|---------------|---|
| Permit | Tracking # |               |   |

| Section III. Industrial Activity Area Specific Findings  | V + 1    |        |   |
|--|----------|--------|---|
| Complete one block for each industrial activity area where pollutants may be activity areas.   | exposed  | to sto | orm water. Copy this page for additional industrial |
| In reviewing each area, you should consider:   |          |        |   |
| <ul> <li>Industrial materials, residue, or trash that may have or could come into conference</li> </ul>  |          | torm v | water;  |
| <ul> <li>Leaks or spills from industrial equipment, drums, tanks, and other container</li> <li>Offsite tracking of industrial or waste materials from areas of no exposure to</li> </ul> |          | 25025  | · and   |
| <ul> <li>Tracking or blowing of raw, final, or waste material from areas of no exposure to</li> </ul>  |          |        | ` I   |
| Industrial Activity Area: RAP Access Roads   | •        |        |   |
| 1. Brief Description:  |          |        |   |
| Industrial equipment utilize this access roads during f conditions were present. The access road had been pad. The access road to the wood lot had not been p                            | olowed   | d red  |   |
| Are any control measures in need of maintenance or repair?   | Yes      | 1      | No  |
| Have any control measures failed and require replacement?  | Yes      | 1      | No  |
| Are any additional/revised control measures necessary in this area?  | Yes      | 1      | No  |
| If YES to any of these three questions, provide a description of the proble attached Corrective Action Form.)  | em: (Any | nece   | ssary corrective actions should be described on the |
| Industrial Activity Area: Snow Disposal Pad  |          |        |   |
| 1. Brief Description:  |          |        |   |
| Industrial equipment cross this pad during facility fall p   | prepar   | atio   | n and winter operations. During this                |
| inspection winter conditions were present. Snow has  | been o   | clea   | red from the pad in preparation for use.            |
| At this time snow placement from street clearing has   |          |        |   |
| 2. Are any control measures in need of maintenance or repair?  | Yes      | 1      | No  |
| 3. Have any control measures failed and require replacement?   | Yes      | 1      | No  |
| 4. Are any additional/revised control measures necessary in this area?   | Yes      | 1      | No  |
| If YES to any of these three questions, provide a description of the proble attached Corrective Action Form.)  | em: (Any | nece   | ssary corrective actions should be described on the |
| Industrial Activity Area: Wood Lot (Laurel Acres)  |          |        |   |
| 1. Brief Description:  |          |        |   |
| Industrial equipment travels across and works in the area  | during   | sum    | nmer facility operations. At the time of this       |
| inspection the wood lot was still active with three pieces of  | equip    | men    | it located in the staging area. No pollutants       |
| were identified from the equipment. There was also a stoc  | kpile o  | f wo   | od mulch still on-site. Snow has been               |
| removed from the working area in preparation to demob e  | quipme   | ent a  | and remove the stockpile of wood mulch.             |
| 2. Are any control measures in need of maintenance or repair?  | Yes      | 1      | No  |
| Have any control measures failed and require replacement?  | Yes      | 1      | No  |
| 4. Are any additional/revised control measures necessary in this area?   | Yes      | 1      | No  |
| If YES to any of these three questions, provide a description of the proble  | em: (Any | nece   | ssary corrective actions should be described on the |
| attached Corrective Action Form.)  |          |        |   |
|  |          |        |   |
|  |          |        |   |
|  |          |        |   |

|   | For Agency Use Permit Tracking # |           |            |  |
|---|----------------------------------|-----------|------------|--|
| Note: Copy this page and attach additional pages as necessary.  |                                  |           |            |  |
| Industrial Activity Area: Sedimentation Ponds #1 and #2   |                                  |           |            |  |
| Stormwater or runoff exposed to industrial equipment of this inspection winter conditions were present. The covered in snow. Prior to freezing conditions the area observed.  | sec                              | ime       | ent        | tation ponds are currently frozen and                                      |
| 2. Are any control measures in need of maintenance or repair?   | Ye                               | s         | 1          | No   |
| 3. Have any control measures failed and require replacement?  | Ye                               | s         | 1          | No   |
| 4. Are any additional/revised control measures necessary in this area?  | Ye                               | s         | 1          | No   |
|   |                                  |           |            |  |
| Industrial Activity Area: Staging Area For Snow Disposal Area   | ea                               |           |            |  |
| Brief Description: At the time of this inspection winter conditions were present. No equipment was staged on-site at this time. The designated area for staging shows no sign of pollutants at this time.   |                                  |           |            |  |
| 2. Are any control measures in need of maintenance or repair?   | Ye                               | s         | 1          | No   |
| 3. Have any control measures failed and require replacement?  | Ye                               | s         | 1          | No   |
| 4. Are any additional/revised control measures necessary in this area?  | Ye                               | s         | 1          | No   |
| If YES to any of these three questions, provide a description of the prob<br>attached Corrective Action Form.)  | olem: (                          | Any n     | nece       | essary corrective actions should be described on the                       |
| Industrial Activity Area: Temporary Street Sweeper Waste D  1. Brief Description: Industrial equipment travels across and works in this During winter operations industrial equipment travels winter conditions were present and all stockpiled mat observed in the area. | area                             | du<br>Sss | ırir<br>th | ng the summer facility operations. is area. At the time of this inspection |
| 2. Are any control measures in need of maintenance or repair?   | Ye                               | s         | 1          | No   |
| 3. Have any control measures failed and require replacement?  | Ye                               | s         | 1          | No   |
| 4. Are any additional/revised control measures necessary in this area?  | Υe                               |           | 1          | No   |
| If YES to any of these three questions, provide a description of the prob<br>attached Corrective Action Form.)  | olem: (                          | Any n     | iece       | essary corrective actions should be described on the                       |

For Agency Use

| Permit Tracking # |  |
|-------------------|--|

|   |     | N       | lote | : Copy this page and attach additional pages as necessary. |
|---|-----|---------|------|--|
| Industrial Activity Area: Vegetative Buffer Discharge Point #1 and Vegetative Buffer Discharge Point #3  1. Brief Description:  Stormwater or runoff exposed to industrial equipment flows through these buffers. At the time of this |     |         |      |  |
| inspection winter conditions were present and no flow   |     |         |      |  |
| advance of the freezing conditions both discharge po  |     |         |      |  |
| maintenance was required and control measures were  | re  | perfo   | orm  | ning as designed.  |
| 2. Are any control measures in need of maintenance or repair?   |     | Yes     | 1    | No   |
| 3. Have any control measures failed and require replacement?  |     | Yes     | 1    | No   |
| 4. Are any additional/revised control measures necessary in this area?  |     | Yes     | 1    | No   |
| If YES to any of these three questions, provide a description of the prob<br>attached Corrective Action Form.)  | len | n: (Any | nec  | essary corrective actions should be described on the       |
| attached corrective Action Form.)   |     |         |      |  |
|   |     |         |      |  |
|   |     |         |      |  |
|   |     |         |      |  |
| Industrial Activity Area:   |     |         |      |  |
| 1. Brief Description:   |     |         |      |  |
|   |     |         |      |  |
|   |     |         |      |  |
|   |     |         |      |  |
|   |     |         |      |  |
| 2. Are any control measures in need of maintenance or repair?   |     | Yes     |      | No   |
| 3. Have any control measures failed and require replacement?  |     | Yes     |      | No   |
| 4. Are any additional/revised control measures necessary in this area?  |     | Yes     |      | No   |
| If YES to any of these three questions, provide a description of the prob<br>attached Corrective Action Form.)  | len | n: (Any | nec  | essary corrective actions should be described on the       |
|   |     |         |      |  |
|   |     |         |      |  |
|   |     |         |      |  |
|   | _   |         |      |  |
| Industrial Activity Area:   |     |         |      |  |
| 1. Brief Description:   |     |         |      |  |
|   |     |         |      |  |
|   |     |         |      |  |
|   |     |         |      |  |
| Are any control measures in need of maintenance or repair?  |     | Yes     | Т    | No   |
| Have any control measures failed and require replacement?   | H   | Yes     | -    | No   |
| Are any additional/revised control measures necessary in this area?   | H   | Yes     | H    | No   |
| If YES to any of these three questions, provide a description of the prob   | len |         | nec  |  |
| attached Corrective Action Form.)   |     |         |      | ,  |
|   |     |         |      |  |
|   |     |         |      | *  |
|   |     |         |      |  |
|   |     |         |      |  |
|   |     |         |      |  |

| P | ermit | Tracking | #  |
|---|-------|----------|----|
| г | CHILL | Hacking  | 77 |

| Section IV. Corrective Actions   |
|--|
| Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.  Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report. |
| 1. Corrective Action # 0 of 0 for this reporting period.   |
| 2. Is this corrective action:  |
| An update on a corrective action from a previous annual report; or A new corrective action?  |
| 3. Identify the condition(s) triggering the need for this review:  |
| Unauthorized release of discharge  Numeric effluent limitation exceedance  Control measures inadequate to meet applicable water quality standards  Control measures inadequate to meet non-numeric effluent limitations  Control measures not properly operated or maintained  Change in facility operations necessitated change in control measures  Average benchmark value exceedance   |
| Other (describe):  |
| 4. Briefly describe the nature of the problem identified:  5. Date problem identified:  6. How problem was identified:  Comprehensive site inspection Quarterly visual assessment Routine facility inspection Benchmark monitoring Notification by EPA or ADEC Other (describe):  7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to  |
| 8. Did/will this corrective action require modification of you SWPPP?  Yes  No   |
| 9. Date corrective action initiated:   |
| 10. Date corrective action completed:  Or expected to be completed:  |
| 11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:   |

| Section V. Annual Report Certification  |  |  |  |  |  |
|---|--|--|--|--|--|
| Compliance Certification  |  |  |  |  |  |
| Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?   |  |  |  |  |  |
| If No, summarize why you are not in compliance with the permit:  Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.  |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| Annual Report Certification   |  |  |  |  |  |
| I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |  |  |  |  |  |
| Name of Authorized Representative: James Belz  Title: Superintendent  |  |  |  |  |  |
| Signature: Date Signed: 17-14≥22Email: james.belz@anchorageak.gov   |  |  |  |  |  |

| Permit Tracking # |  |  |
|-------------------|--|--|



| Section I. General Information   |
|--|
| Facility Name: Dowling Road Snow Disposal Site   |
| APDES Permit Tracking Number: Not Applicable   |
| Facility Physical Address  |
| Street: 6351 Spruce Street   |
| City: Anchorage State: Alaska Zip: 99507   |
| Lead Inspector's Name: Trent White Title: SWPPP Inspector  |
| Additional Inspectors Names: Dustin Richmond   |
| Contact Person: James Belz Title: Superintendent   |
| Phone: (907) 343-8265 Email: james.belz@anchorageak.gov  |
| Inspection Date: 12/05/2022  |
| Section II. General Inspection Findings  |
| 1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?  |
| If NO, describe why not:   |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water. |
| 2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP?   |
| 2Mbbb.   |
| If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

| Permit | Tracking # |  |
|--------|------------|--|

| in your SWPPP?  Yes  No   |
|---|
| If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:  |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
| 4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots?  Yes No NA, no monitoring performed  |
| If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
| 5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and  |
| around outfalls, including flow dissipation measure to prevent scouring:  |
| At the time of this inspection, winter conditions were present. All outfalls are frozen. In advance of the freezing conditions both the on-site drainage systems and outfalls were free of pollutants. The site   |
| outfalls and surrounding areas were inspected in advance of freezing conditions, no maintenance was   |
| required and control measures were performing as designed.  |
|   |
|   |
|   |
| 6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any |
| corrective actions identified as a result of this annual comprehensive site inspection?  Yes  No  |
| If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the   |
| MSGP were addressed by these corrective actions?  |
|   |
|   |
| <b>Note:</b> Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of this comprehensive storm water inspection.  |

| Permit Tracking # | 4 |
|-------------------|---|
| remme macking r   | T |

| Section III. Industrial Activity Area Specific Findings  |       |         | 71       |  |
|--|-------|---------|----------|--|
| Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial  |       |         |          |  |
| activity areas.  |       |         |          |  |
| In reviewing each area, you should consider:   |       |         |          |  |
| <ul> <li>Industrial materials, residue, or trash that may have or could come into cor</li> <li>Leaks or spills from industrial equipment, drums, tanks, and other containe</li> </ul>  |       | with st | orm      | water;   |
| Offsite tracking of industrial or waste materials from areas of no exposure to   |       | posed   | area     | is; and  |
| <ul> <li>Tracking or blowing of raw, final, or waste material from areas of no exposu</li> </ul>   | ıre t | о ехро  | ed a     | areas.   |
| Industrial Activity Area: RAP Access Roads #1 and #2   |       |         |          |  |
| 1. Brief Description:  |       |         |          |  |
| Industrial equipment utilize this access road during fa  | aci   | litv o  | pe       | rations. At the time of this inspection              |
| winter conditions were present and access roads we   |       | -       |          |  |
| _  |       |         |          |  |
|  |       | 1       |          |  |
| Are any control measures in need of maintenance or repair?   |       | Yes     | 1        | No   |
| Have any control measures failed and require replacement?  |       | Yes     | 1        | No   |
| 4. Are any additional/revised control measures necessary in this area?   |       | Yes     | 1        | No   |
| If YES to any of these three questions, provide a description of the prob  | lem   | : (Any  | nec      | essary corrective actions should be described on the |
| attached Corrective Action Form.)  |       |         |          |  |
|  |       |         |          |  |
|  |       |         |          |  |
|  |       |         |          |  |
| Industrial Activity Area: Snow Disposal Pad  |       |         |          |  |
|  |       |         |          | ,  |
| 1. Brief Description:  | 4     | 00 00   | . d .    | winter exerctions. At the time of this               |
| Industrial equipment cross this pad during facility fall prepar  |       |         |          |  |
| inspection winter conditions existed. The snow pad has accumulated snow on pad that has not been removed for operations from last snow fall. Snow is currently stockpiled at snow storage site #1 from street clearing operations. |       |         |          |  |
| operations from last show fall. Show is currently stockplied   | aı.   | 311044  | ou       | orage site #1 from street dearing operations.        |
| 2. Are any control measures in need of maintenance or repair?  |       | Yes     | 1        | No   |
| 3. Have any control measures failed and require replacement?   |       | Yes     | 1        | No   |
| 4. Are any additional/revised control measures necessary in this area?   |       | Yes     | 1        | / No   |
| If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)   |       |         |          |  |
| attached Corrective Action Form.)  |       |         |          |  |
| *  |       |         |          |  |
| ž.   |       |         |          |  |
|  |       |         |          |  |
| Industrial Activity Area: Staging Area   |       |         | -        |  |
|  |       |         |          |  |
| 1. Brief Description:  |       |         |          | la agricultura stand an aita. Tha                    |
| At the time of this inspection, winter conditions were   | ore   | sent    | . 1      | to equipment was staged on-site. The                 |
| staging area showed now signs of pollutants.   |       |         |          |  |
|  |       |         |          |  |
| 2. Are any control managing and of maintaining   | Г     | Vas     |          | Z No.  |
| Are any control measures in need of maintenance or repair?   | ⊨     | Yes     | <b>✓</b> |  |
| Have any control measures failed and require replacement?  | 누     | Yes     | V        | / No   |
| 4. Are any additional/revised control measures necessary in this area?   | L     | Yes     | <b>√</b> | No   |
| If YES to any of these three questions, provide a description of the prob<br>attached Corrective Action Form.)   | iem   | : (Any  | nec      | essary corrective actions should be described on the |
| actualists corrective Action Forms   |       |         |          |  |
|  |       |         |          |  |
|  |       |         |          |  |

|                   | <br>- |
|-------------------|-------|
| Permit Tracking # |       |

|  | _   |         |      |  |
|--|-----|---------|------|--|
|  |     | Ŋ       | lote | : Copy this page and attach additional pages as necessary. |
| Industrial Activity Area: Detention Pond   |     |         |      |  |
| 1. Brief Description:  |     |         |      |  |
| Stormwater or runoff exposed to industrial equipment   | fle | ows     | to   | this detention pond during the spring                      |
| and summer months. At the time of this inspection win  | ite | er co   | nd   | itions were present and the detention                      |
| pond was frozen and covered with snow. Prior to freez  | Zİ  | ng co   | onc  | ditions, the area was inspected and no                     |
| pollutants were observed.  |     |         |      |  |
| Are any control measures in need of maintenance or repair?   |     | Yes     | 1    | No   |
| Have any control measures failed and require replacement?  |     | Yes     | 1    | No   |
| 4. Are any additional/revised control measures necessary in this area?   |     | Yes     | 1    | No   |
| If YES to any of these three questions, provide a description of the proble                                      | m   | n: (Any | nec  | essary corrective actions should be described on the       |
| attached Corrective Action Form.)  |     |         |      |  |
|  |     |         |      |  |
|  |     |         |      |  |
|  |     |         |      |  |
|  |     |         |      |  |
| Industrial Activity Area: Street Sweeper Waste Stockpile   |     |         |      |  |
| 1. Brief Description:  |     |         |      |  |
| Industrial equipment travels and works in this area dur  | ir  | ng th   | e s  | summer months. During the winter                           |
| months industrial equipment travels through this area.   |     | Durin   | g t  | his inspection winter conditions were                      |
| present. No stockpile was present and no pollutants w  |     |         | -    | •  |
|  |     |         |      |  |
| 2. Are any control measures in need of maintenance or repair?  |     | Yes     | 1    | No   |
| 3. Have any control measures failed and require replacement?   |     | Yes     | 1    | No   |
| 4. Are any additional/revised control measures necessary in this area?   | 1   | Yes     | 1    | No   |
| If YES to any of these three questions, provide a description of the proble                                      | m   | n: (Any | nec  | essary corrective actions should be described on the       |
| attached Corrective Action Form.)  |     |         |      |  |
|  |     |         |      |  |
|  |     |         |      |  |
|  |     |         |      |  |
|  |     |         |      |  |
| Industrial Activity Area: Rock Lined Conveyance Channel  |     |         | •    | •  |
| 1. Brief Description:  |     |         |      |  |
| Stormwater or runoff exposed to industrial equipment   |     |         |      | 0 1 0  |
| summer months. At the time of this inspection winter of  |     |         |      | •  |
| no signs of flow or pollutants. Prior to freezing condition  | n   | ıs, th  | e a  | area was inspected and no pollutants                       |
| were observed.   |     |         |      |  |
| Are any control measures in need of maintenance or repair?   |     | Yes     |      | No   |
| Have any control measures failed and require replacement?  |     | Yes     |      | No   |
| 4. Are any additional/revised control measures necessary in this area?   |     | Yes     |      | No   |
| If YES to any of these three questions, provide a description of the proble<br>attached Corrective Action Form.) | m   | n: (Any | nec  | essary corrective actions should be described on the       |
|  |     |         |      |  |
|  |     |         |      |  |
|  |     |         |      |  |
|  |     |         |      |  |
|  |     |         |      |  |

| Permit Tracking # |  |
|-------------------|--|
| remme macking #   |  |

|  |                   | N             | lote:     | Copy this page and attach additional pages as necessary.            |
|--|-------------------|---------------|-----------|---|
| Industrial Activity Area: Settling Pond  |                   |               |           |   |
| Brief Description:     Stormwater or runoff exposed to industrial equipment and summer months. At the time of this inspection wipond was frozen and covered with snow. Prior to free pollutants were observed.   | int               | er co         | nd        | itions were present and the settling                                |
| Are any control measures in need of maintenance or repair?   |                   | Yes           | 1         | No  |
| Have any control measures failed and require replacement?  |                   | Yes           | 1         | No  |
| 4. Are any additional/revised control measures necessary in this area?   |                   | Yes           | 1         | No  |
| If YES to any of these three questions, provide a description of the probattached Corrective Action Form.)   | olen              | n: (Any       | nec       | essary corrective actions should be described on the                |
| Industrial Activity Area: Velocity Dissipater Discharge Point and Stormwater or runoff exposed to industrial equipment and summer months. At the time of this inspection was frozen and covered with snow. Prior to freezing pollutants were observed or maintenance required. | t fl<br>int<br>co | lows<br>er co | nd<br>ons | itions were present and the area<br>, the area was inspected and no |
| Are any control measures in need of maintenance or repair?   |                   | Yes           | 1         | No  |
| Have any control measures failed and require replacement?  |                   | Yes           | 1         | No  |
| Are any additional/revised control measures necessary in this area?  | $\vdash$          | Yes           | 1         | No  |
| If YES to any of these three questions, provide a description of the probattached Corrective Action Form.)   | olen              | n: (Any       | nec       | essary corrective actions should be described on the                |
| Industrial Activity Area: .  1. Brief Description:   |                   |               |           |   |
| 2. Are any control measures in need of maintenance or repair?  |                   | Yes           |           | No  |
| 3. Have any control measures failed and require replacement?   |                   | Yes           |           | No  |
| 4. Are any additional/revised control measures necessary in this area?   |                   | Yes           |           | No  |
| If YES to any of these three questions, provide a description of the probattached Corrective Action Form.)   |                   | m: (Any       | nec       | essary corrective actions should be described on the                |

| Parmit T | racking # |  |
|----------|-----------|--|

| Section IV. Corrective Actions   |
|--|
| Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.  Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report. |
| 1. Corrective Action # 0 of 0 for this reporting period.   |
| 2. Is this corrective action:  |
| An update on a corrective action from a previous annual report; or  A new corrective action?   |
| 3. Identify the condition(s) triggering the need for this review:  |
| Unauthorized release of discharge  Numeric effluent limitation exceedance  |
| Control measures inadequate to meet applicable water quality standards   |
| Control measures inadequate to meet non-numeric effluent limitations   |
| Control measures not properly operated or maintained   |
| Change in facility operations necessitated change in control measures  |
| Average benchmark value exceedance   |
| Other (describe):  |
| 4. Briefly describe the nature of the problem identified:  |
|  |
| 5. Date problem identified:  |
| 6. How problem was identified:   |
| Comprehensive site inspection  |
| Quarterly visual assessment  |
| Routine facility inspection  |
| Benchmark monitoring   |
| Notification by EPA or ADEC Other (describe):  |
|  |
| 7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:  |
| 8. Did/will this corrective action require modification of you SWPPP?  Yes  No   |
| 9. Date corrective action initiated:   |
| 10. Date corrective action completed: Or expected to be completed:   |
| 11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:   |

| Section V. Annual Report Certification  |
|---|
| Compliance Certification  |
| Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?   |
| If No, summarize why you are not in compliance with the permit:  Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.  |
|   |
|   |
| Annual Report Certification   |
| I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |
| Name of Authorized Representative: James Belz Title: Superintendent   |
| Signature: Date Signed: )2-14-22 Email: james.belz@anchorageak.gov  |



| Section I. General Information   |
|--|
| Facility Name: Kloep Station Maintenance & Storage Facility  |
| APDES Permit Tracking Number: Not Applicable   |
| Facility Physical Address  |
| Street: 5601 Northwood Drive   |
| City: Anchorage State: Alaska Zip: 99502   |
| Lead Inspector's Name: Trent White Title: SWPPP Inspector  |
| Additional Inspectors Names: Dustin Richmond   |
| Contact Person: James Belz Title: Superintendent   |
| Phone: (907) 343-8265 Email: james.belz@anchorageak.gov  |
| Inspection Date: 12/08/2022  |
| Section II. General Inspection Findings  |
| 1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?  Yes No                                    |
| If NO, describe why not:   |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water. |
| 2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your  |
| SWPPP?   |
| If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| · ·  |
|  |

|                   | _ |  |
|-------------------|---|--|
| Permit Tracking # |   |  |
| Permit Hacking #  |   |  |

| 3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?   |
|---|
| If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:  |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
| 4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots?  Yes No NA, no monitoring performed  |
| If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
| 5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:                             |
| At the time of this inspection, winter conditions were present. All outfalls are frozen. In advance of the  |
| freezing conditions both the on-site drainage systems and outfalls were free of pollutants. The site outfalls and surrounding areas were inspected in advance of freezing conditions, no maintenance was                            |
| required and control measures were performing as designed.  |
|   |
|   |
|   |
| 6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report  |
| submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?  Yes  No |
| If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the   |
| MSGP were addressed by these corrective actions?  |
|   |
|   |
| Note: Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of this comprehensive storm water inspection.                                       |

|                   | • | .0 | ~ 7 |  |
|-------------------|---|----|-----|--|
| Permit Tracking # |   |    |     |  |

| Section III. Industrial Activity Area Specific Findings  |          |            | 2     |  |
|--|----------|------------|-------|--|
| Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial  |          |            |       |  |
| activity areas.  |          |            |       |  |
| In reviewing each area, you should consider:   |          |            |       |  |
| <ul> <li>Industrial materials, residue, or trash that may have or could come into con</li> <li>Leaks or spills from industrial equipment, drums, tanks, and other container</li> </ul> |          | with sto   | rm 1  | water;   |
| Offsite tracking of industrial or waste materials from areas of no exposure t  |          | osed a     | reas  | ; and  |
| <ul> <li>Tracking or blowing of raw, final, or waste material from areas of no exposu</li> </ul>   | ure to   | expose     | ed ar | reas.  |
| Industrial Activity Area: Pavement/Access Road   |          |            |       |  |
| 1. Brief Description:  |          |            |       |  |
| Industrial equipment utilize this access road and pave   | ed a     | area       | S.    | At the time of this inspection winter  |
| conditions were present. All roads and paved areas v   |          |            |       | •  |
|  |          |            |       | •  |
| Are any control measures in need of maintenance or repair?   |          | Yes        | V     | No   |
|  | H        |            | V     |  |
| Have any control measures failed and require replacement?  |          | Yes        | -     |  |
| 4. Are any additional/revised control measures necessary in this area?   |          | Yes        | ~     | No   |
| If YES to any of these three questions, provide a description of the probl<br>attached Corrective Action Form.)  | lem:     | (Any n     | ece   | ssary corrective actions should be described on the  |
| attached corrective Action Forms,  |          |            |       |  |
|  |          |            |       | **   |
|  |          |            |       |  |
|  |          |            |       |  |
| Industrial Activity Area: Materials Storage Areas  |          |            |       |  |
| 1. Brief Description:  |          |            |       | 9  |
| This includes all materials storage areas within the fa  | cilit    | v. D       | uri   | ng this inspection winter conditions   |
| were present. Areas were identified with signs of wha  |          | •          |       | •  |
| pollutants and garbage.  |          | u0 0       |       | od in oddinioddion. Alodd word nod or  |
| pondante dira garbage.   |          |            | _     |  |
| Are any control measures in need of maintenance or repair?   | Ц        | Yes        | ~     | No   |
| 3. Have any control measures failed and require replacement?   |          | Yes        | V     | No   |
| 4. Are any additional/revised control measures necessary in this area?   | <u> </u> | Yes        | V     | No ,   |
| If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the   |          |            |       |  |
| attached Corrective Action Form.)  |          |            |       |  |
|  |          |            |       |  |
| e e  |          |            |       |  |
|  |          |            |       |  |
| Industrial Activity Area: Vac Truck Disposal Area  |          |            |       |  |
| -  |          |            |       |  |
| 1. Brief Description:  |          | e 41-:-    |       | and the second of the second o |
| Sedimentation basin for vac truck disposal. At the tim   |          |            |       |  |
| present and the disposal area was covered with snow  |          |            |       |  |
| freezing conditions, the area was inspected and was  | tou      | nd to      | b     | e functioning per design.  |
| Are any control measures in need of maintenance or repair?   | П        | Yes        | V     | No   |
| Have any control measures failed and require replacement?  | -        | Yes        | -     |  |
| Are any additional/revised control measures necessary in this area?  | $\vdash$ | Yes        | V     |  |
| If YES to any of these three questions, provide a description of the probl   |          |            | -     | 1  |
| attached Corrective Action Form.)  | citi.    | feering 11 | ecc.  | saily corrective actions should be described on the  |
|  |          |            |       |  |
|  |          |            |       |  |
|  |          |            |       |  |

| Permit Tracking # |  |
|-------------------|--|
|-------------------|--|

|   |     | N              | ote:       | : Copy this page and attach additional pages as necessary.                    |
|---|-----|----------------|------------|---|
| Industrial Activity Area: Fueling Station  1. Brief Description: On-site fueling for diesel and gas municipal vehicles. At the time of this inspection winter conditions were present, no pollutants were identified in or around the fueling area. |     |                |            |   |
| Are any control measures in need of maintenance or repair?  |     | Yes            | V          | No  |
| Have any control measures failed and require replacement?   | H   | Yes            | V          | No  |
| Are any additional/revised control measures necessary in this area?   |     | Yes            |            | No  |
| If YES to any of these three questions, provide a description of the prob<br>attached Corrective Action Form.)  | lem | n: (Any        | nece       | essary corrective actions should be described on the                          |
| Industrial Activity Area: Equipment Storage Areas  1. Brief Description: This includes all areas were equipment is stored. At t present. All areas were identified with what equipment pollutants or garbage observed.                              |     |                |            |   |
| Are any control measures in need of maintenance or repair?  |     | Yes            | V          | No  |
| Have any control measures failed and require replacement?   |     | Yes            | V          | No  |
| 4. Are any additional/revised control measures necessary in this area?  |     | Yes            | V          | No  |
| If YES to any of these three questions, provide a description of the probattached Corrective Action Form.)  | len | n: (Any        | nec        | essary corrective actions should be described on the                          |
| Industrial Activity Area: Oil and Grit Separators  1. Brief Description: This includes all oil and grit separators within the faci were present. All buildings were locked and access wareas were inspected and were found to be operating          | va  | s not<br>er de | av<br>esiç | ailable. Prior to freezing conditions the gned and had been recently cleaned. |
| Are any control measures in need of maintenance or repair?  |     | Yes            | _          | No  |
| 3. Have any control measures failed and require replacement?  |     | Yes            | ~          | No  |
| 4. Are any additional/revised control measures necessary in this area? If YES to any of these three questions, provide a description of the probattached Corrective Action Form.)   | len | Yes<br>n: (Any | nece       | No essary corrective actions should be described on the                       |
|   |     |                |            |   |

| Section IV. Corrective Actions   |
|--|
| Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.  Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report. |
| 1. Corrective Action # 0 of 0 for this reporting period.   |
| 2. Is this corrective action:  |
| An update on a corrective action from a previous annual report; or A new corrective action?  |
| 3. Identify the condition(s) triggering the need for this review:  |
| Unauthorized release of discharge  Numeric effluent limitation exceedance  Control measures inadequate to meet applicable water quality standards  Control measures inadequate to meet non-numeric effluent limitations  Control measures not properly operated or maintained  Change in facility operations necessitated change in control measures  Average benchmark value exceedance  Other (describe):  |
| 4. Briefly describe the nature of the problem identified:  |
|  |
| 5. Date problem identified:  |
| 6. How problem was identified:   |
| Comprehensive site inspection  Quarterly visual assessment  Routine facility inspection  Benchmark monitoring  Notification by EPA or ADEC  Other (describe):  |
| 7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:  |
| 8. Did/will this corrective action require modification of you SWPPP? Yes No   |
| 9. Date corrective action initiated:   |
| 10. Date corrective action completed:  Or expected to be completed:  |
| 11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:   |

| Permit | Tracking # |  |
|--------|------------|--|

| Section V. Annual Report Certification  |
|---|
| Compliance Certification  |
| Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?  Yes No   |
| If No, summarize why you are not in compliance with the permit:  Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector  |
| permit, but by its MS4 instead.   |
|   |
|   |
|   |
|   |
| Annual Report Certification   |
| I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |
| Name of Authorized Representative: James Belz  Title: Superintendent  |
| Signature: Date Signed: C-\$\$\frac{1}{2}\text{Z}_{Email:} james.belz@anchorageak.gov   |
| IIV   |



| Section I. General Information   |
|--|
| Facility Name: Kloep Station Snow Disposal Site  |
| APDES Permit Tracking Number: Not Applicable   |
| Facility Physical Address  |
| Street: 5600 Northwood Drive   |
| City: Anchorage State: Alaska Zip: 99502   |
| Lead Inspector's Name: Trent White Title: SWPPP Inspector  |
| Additional Inspectors Names: Dustin Richmond   |
| Contact Person: James Belz Title: Superintendent   |
| Phone: (907) 343-8265 Email: james.belz@anchorageak.gov  |
| Inspection Date: 12/08/2022  |
| Section II. General Inspection Findings  |
| 1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?  |
| If NO, describe why not:   |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water. |
| 2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your  |
| SWPPP?   |
| If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

| 3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified  |
|---|
| in your SWPPP?  |
| If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:  |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
| 4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots?  No.   |
| If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
| 5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and  |
| around outfalls, including flow dissipation measure to prevent scouring:  |
| At the time of this inspection, winter conditions were present. All outfalls are frozen. In advance of the  |
| freezing conditions both the on-site drainage systems and outfalls were free of pollutants. The site  |
| outfalls and surrounding areas were inspected in advance of freezing conditions, no maintenance was required and control measures were performing as designed.  |
| required and control measures were performing as designed.  |
|   |
|   |
|   |
|   |
| 6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any |
| corrective actions identified as a result of this annual comprehensive site inspection?   |
| Yes No  |
| If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the   |
| MSGP were addressed by these corrective actions?  |
|   |
|   |
|   |
| Note: Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of  |
| this comprehensive storm water inspection.  |

|        |          |   | <br>0 | <br>- |
|--------|----------|---|-------|-------|
| Permit | Tracking | # |       |       |

| Section III. Industrial Activity Area Specific Findings   |        |          |      |   |  |
|---|--------|----------|------|---|--|
| Complete one block for each industrial activity area where pollutants may be  | exp    | osed to  | sto  | orm water. Copy this page for additional industrial |  |
| activity areas.   |        |          |      |   |  |
| In reviewing each area, you should consider:  | t      | مغم طغاب |      | to  |  |
| <ul> <li>Industrial materials, residue, or trash that may have or could come into con</li> <li>Leaks or spills from industrial equipment, drums, tanks, and other container</li> </ul>                            |        | WIEN SEO | m    | water;  |  |
| <ul> <li>Offsite tracking of industrial or waste materials from areas of no exposure to</li> </ul>  |        | posed ar | eas; | ; and   |  |
| <ul> <li>Tracking or blowing of raw, final, or waste material from areas of no exposu</li> </ul>  | ire to | expose   | d ar | reas.   |  |
| Industrial Activity Area: RAP Access Roads #1 and #2  |        |          |      |   |  |
| 1. Brief Description:   |        |          |      |   |  |
| Industrial equipment utilize these access roads during  | g fa   | acility  | 0    | perations. During this inspection winter            |  |
| conditions were present. Access road #1 was plowed  | to     | allo     | N a  | access for use of snow disposal site.               |  |
| Access road #2 was not plowed or being used.  |        |          |      |   |  |
| Are any control measures in need of maintenance or repair?  | П      | Yes      | V    | No  |  |
| Have any control measures failed and require replacement?   | H      |          | V    | No  |  |
|   | H      | Yes      | -    |   |  |
| 4. Are any additional/revised control measures necessary in this area?  |        | Yes      | ~    | 110   |  |
| If YES to any of these three questions, provide a description of the probl<br>attached Corrective Action Form.)   | em:    | (Any n   | ece: | ssary corrective actions should be described on the |  |
| attached corrective Action Form.)   |        |          |      |   |  |
|   |        |          |      |   |  |
|   |        |          |      |   |  |
|   |        |          |      |   |  |
| Industrial Activity Area: Snow Disposal Pad   |        |          |      |   |  |
| 1. Brief Description:   |        |          |      |   |  |
| Industrial equipment travels across these pads during   | ı fa   | cility   | op   | perations. The pad was cleared of snow              |  |
| and snow had been stockpiled in location #1 from stre   |        |          |      |   |  |
| ,   |        |          | -    | 5 1   |  |
| 2.6   | П      | V        |      | In-   |  |
| Are any control measures in need of maintenance or repair?  | H      | Yes      | ~    | No  |  |
| Have any control measures failed and require replacement?   | H      | Yes      | ~    | No  |  |
| 4. Are any additional/revised control measures necessary in this area? Yes No   |        |          |      |   |  |
| If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)                                      |        |          |      |   |  |
| attached Corrective Action Form.)   |        |          |      |   |  |
|   |        |          |      |   |  |
|   |        |          |      |   |  |
|   |        |          |      |   |  |
| Industrial Activity Area: Vegetative Buffer Discharge Point #2  | ,      |          |      |   |  |
| 1. Brief Description:   |        |          |      |   |  |
|   | e t    | hroug    | ıh ' | these huffers. At the time of this                  |  |
| Stormwater or runoff exposed to industrial equipment flows through these buffers. At the time of this inspection winter conditions were present and no flow was present or any pollutants observed. In advance of |        |          |      |   |  |
| the freezing conditions the discharge point was inspected and free of pollutants, and no maintenance was  |        |          |      |   |  |
| required and control measures were performing as designed.  |        |          |      |   |  |
| Are any control measures in need of maintenance or repair?  | П      | Yes      | V    | No  |  |
| Have any control measures failed and require replacement?   |        | Yes      | V    |   |  |
| 4. Are any additional/revised control measures necessary in this area?  | H      | Yes      | V    | No  |  |
| If YES to any of these three questions, provide a description of the probl  | em:    |          | ece  |   |  |
| attached Corrective Action Form.)   |        |          |      |   |  |
|   |        |          |      |   |  |
|   |        |          |      |   |  |
|   |        |          |      |   |  |

| Permit 1 | Tracking | # |
|----------|----------|---|
|----------|----------|---|

|  | _    |         |       |  |  |  |
|--|------|---------|-------|--|--|--|
|  |      | N       | ote   | : Copy this page and attach additional pages as necessary. |  |  |
| Industrial Activity Area: Staging Area   |      |         |       |  |  |  |
| 1. Brief Description:  |      |         |       |  |  |  |
| This includes both staging areas. At the time of this ir   | ıs   | pection | on    | winter conditions were present. No                         |  |  |
| equipment was present on-site. No pollutants were of   | bs   | erve    | d w   | where the staging areas are located.                       |  |  |
|  |      |         |       |  |  |  |
|  |      |         |       |  |  |  |
| Are any control measures in need of maintenance or repair?   |      | Yes     | V     | No   |  |  |
| Have any control measures failed and require replacement?  |      | Yes     | V     | No   |  |  |
| 4. Are any additional/revised control measures necessary in this area?   |      | Yes     | V     | No   |  |  |
| If YES to any of these three questions, provide a description of the problem   | len  | n: (Any | nec   | essary corrective actions should be described on the       |  |  |
| attached Corrective Action Form.)  |      |         |       |  |  |  |
|  |      |         |       |  |  |  |
|  |      |         |       |  |  |  |
|  |      |         |       |  |  |  |
| Industrial Activity Area: Convoyance Channel   | _    |         |       |  |  |  |
| Industrial Activity Area: Conveyance Channel   |      |         |       | v  |  |  |
| Brief Description:     Stormwater or runoff exposed to industrial equipment f  | lo   | we th   | roi   | ugh this channel during the spring and                     |  |  |
| summer. At the time of this inspection winter conditions   |      |         |       |  |  |  |
| pollutants observed. In advance of the freezing condition  |      |         |       |  |  |  |
| free of pollutants, and no maintenance was required ar   |      |         |       |  |  |  |
| Are any control measures in need of maintenance or repair?   |      | Yes     | V     |  |  |  |
| Have any control measures failed and require replacement?  | ٦    | Yes     | V     |  |  |  |
| 4. Are any additional/revised control measures necessary in this area?   | ٦    | Yes     | V     | No   |  |  |
| If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the                                     |      |         |       |  |  |  |
| attached Corrective Action Form.)  |      |         |       |  |  |  |
| × 2  |      |         |       | w. W   |  |  |
|  |      |         |       |  |  |  |
|  |      |         |       |  |  |  |
|  |      |         |       |  |  |  |
| Industrial Activity Area: Vegetative Buffer Discharge Point:#  | 1    |         |       | *  |  |  |
| 1. Brief Description:  | . £1 |         | hla u | accept the accept of the common of the                     |  |  |
| Stormwater or runoff exposed to industrial equipment   |      |         |       | •  |  |  |
| inspection winter conditions were present and no flow  |      |         |       |  |  |  |
| advance of the freezing conditions the discharge point was inspected and free of pollutants, and no maintenance was required and control measures were performing as designed. |      |         |       |  |  |  |
| Are any control measures in need of maintenance or repair?   | Ĭ    | Yes     | -     | No   |  |  |
| Have any control measures failed and require replacement?  |      | Yes     | =     | No   |  |  |
| 4. Are any additional/revised control measures necessary in this area?   | =    | Yes     | V     |  |  |  |
| If YES to any of these three questions, provide a description of the problem   | len  |         | -     |  |  |  |
| attached Corrective Action Form.)  |      |         |       | ,  |  |  |
|  |      |         |       |  |  |  |
| *  |      |         |       |  |  |  |
|  |      |         |       |  |  |  |
|  |      |         |       |  |  |  |
|  |      |         |       |  |  |  |

| Section IV. Corrective Actions   |
|--|
| Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.  Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report. |
| 1. Corrective Action # 0 of 0 for this reporting period.   |
| 2. Is this corrective action:  |
| An update on a corrective action from a previous annual report; or  A new corrective action?   |
| Identify the condition(s) triggering the need for this review:   |
| Unauthorized release of discharge  Numeric effluent limitation exceedance  Control measures inadequate to meet applicable water quality standards  Control measures inadequate to meet non-numeric effluent limitations  Control measures not properly operated or maintained  |
| Change in facility operations necessitated change in control measures  |
| Average benchmark value exceedance  Other (describe):  |
| 4. Briefly describe the nature of the problem identified:  |
| 5. Date problem identified:  |
| 6. How problem was identified:   |
| Comprehensive site inspection  Quarterly visual assessment  Routine facility inspection  Benchmark monitoring  Notification by EPA or ADEC  Other (describe):  |
| 7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:  |
| 8. Did/will this corrective action require modification of you SWPPP?  Yes No  |
| 9. Date corrective action initiated:   |
| 10. Date corrective action completed:  Or expected to be completed:  |
| 11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:   |

| Section V. Annual Report Certification  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Compliance Certification  |  |  |  |  |  |  |
| Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?  Yes No   |  |  |  |  |  |  |
| If No, summarize why you are not in compliance with the permit:  Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector  |  |  |  |  |  |  |
| permit, but by its MS4 instead.   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Annual Report Certification   |  |  |  |  |  |  |
| I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |  |  |  |  |  |  |
| Name of Authorized Representative: James Belz  Title: Superintendent  |  |  |  |  |  |  |
| Signature: Date Signed: 12-19-22 Email: james.belz@anchorageak.gov  |  |  |  |  |  |  |
| (1 //   |  |  |  |  |  |  |



| Section I. General Information  |  |  |  |  |
|---|--|--|--|--|
| Facility Name: Commercial Drive Snow Disposal Site  |  |  |  |  |
| APDES Permit Tracking Number: Not Applicable  |  |  |  |  |
| Facility Physical Address   |  |  |  |  |
| Street: 2941 Commercial Drive   |  |  |  |  |
| City: Anchorage State: Alaska Zip: 99501  |  |  |  |  |
| Lead Inspector's Name: Trent White Title: SWPPP Inspector   |  |  |  |  |
| Additional Inspectors Names: Dustin Richmond  |  |  |  |  |
| Contact Person: James Belz Title: Superintendent  |  |  |  |  |
| Phone: (907) 343-8265 Email: james.belz@anchorageak.gov   |  |  |  |  |
| Inspection Date: 12-08-2022   |  |  |  |  |
| Section II. General Inspection Findings   |  |  |  |  |
| 1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?   |  |  |  |  |
| If NO, describe why not:  |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| <b>Note:</b> Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water. |  |  |  |  |
| 2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your   |  |  |  |  |
| SWPPP?  |  |  |  |  |
| If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

| Permit Tracking # | ŧ |
|-------------------|---|

| 3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?  |
|--|
| If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:   |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| 4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots?  No Ves No, no monitoring performed   |
| If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| 5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and   |
| around outfalls, including flow dissipation measure to prevent scouring:  At the time of this inspection, winter conditions were present. All outfalls are frozen. In advance of the   |
| freezing conditions both the on-site drainage systems and outfalls were free of pollutants. The site   |
| outfalls and surrounding areas were inspected in advance of freezing conditions, no maintenance was required and control measures were performing as designed.   |
| required and control medicares were performing as designed.  |
|  |
|  |
|  |
| <ol> <li>Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report<br/>submission (or since you received authorization to discharge under this permit if this is your first annual report), including any</li> </ol> |
| corrective actions identified as a result of this annual comprehensive site inspection?  Yes   No  |
| If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the  |
| MSGP were addressed by these corrective actions?   |
|  |
|  |
| <b>Note:</b> Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of this comprehensive storm water inspection.   |

|        |            | 101 | rigericy | ٠. |
|--------|------------|-----|----------|----|
| Permit | Tracking # |     |          |    |

| Section III. Industrial Activity Area Specific Findings   | 3     | 6        |      |  |  |
|---|-------|----------|------|--|--|
| Complete one block for each industrial activity area where pollutants may be  | е ехр | osed to  | o st | form water. Copy this page for additional industrial |  |
| activity areas.   |       |          |      |  |  |
| In reviewing each area, you should consider:  |       |          |      |  |  |
| <ul> <li>Industrial materials, residue, or trash that may have or could come into con</li> <li>Leaks or spills from industrial equipment, drums, tanks, and other containe</li> </ul>                     |       | with sto | orm  | water;   |  |
| Offsite tracking of industrial or waste materials from areas of no exposure telephone.  |       | oosed a  | reas | s: and   |  |
| <ul> <li>Tracking or blowing of raw, final, or waste material from areas of no exposu</li> </ul>  |       |          |      |  |  |
| Industrial Activity Area: RAP Access Roads  |       |          |      |  |  |
| 1. Brief Description:   |       |          |      |  |  |
| Industrial equipment directly utilize these access road   | ds (  | durin    | a ·  | facility operations. At the time of this             |  |
| inspection winter conditions were present. Access ro  |       |          | ~    | , ,  |  |
| disposal pad. Access road #2 has not been plowed.   |       |          |      | account province for account to the crief            |  |
|   |       |          |      | 7  |  |
| 2. Are any control measures in need of maintenance or repair?   | Ц     | Yes      | 1    | No   |  |
| Have any control measures failed and require replacement?   |       | Yes      | 1    | No No  |  |
| 4. Are any additional/revised control measures necessary in this area?  |       | Yes      | 1    | No No  |  |
| If YES to any of these three questions, provide a description of the problem  | lem:  | (Any n   | ece  | essary corrective actions should be described on the |  |
| attached Corrective Action Form.)   |       |          |      |  |  |
|   |       |          |      |  |  |
|   |       |          |      |  |  |
|   |       |          |      |  |  |
| Industrial Activity Area: Snow Disposal Pad   |       |          |      |  |  |
| •   |       |          |      |  |  |
| 1. Brief Description:   |       |          |      | and an an At the Alexander of their insurantian      |  |
| Industrial equipment travels across the pads during fa  |       |          |      |  |  |
| winter conditions were present. The snow pad has be   |       |          |      |  |  |
| pad. Snow is currently stockpiled in storage area #1 f  | ron   | n stre   | ee   | t clearing operations.                               |  |
| 2. Are any control measures in need of maintenance or repair?   |       | Yes      | 1    | No   |  |
| 3. Have any control measures failed and require replacement?  |       | Yes      | 1    | No   |  |
| Are any additional/revised control measures necessary in this area? Yes 🗸 No  |       |          |      |  |  |
| If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)                              |       |          |      |  |  |
|   |       |          |      |  |  |
| *   |       |          |      |  |  |
|   |       |          |      |  |  |
| Industrial Activity Area: Vac Truck Disposal Area   |       |          |      |  |  |
| Brief Description:  |       |          |      |  |  |
| •   | are   | a du     | rin  | ng the summer facility operations                    |  |
| Industrial equipment travels across and works in this area during the summer facility operations.  During winter operations industrial equipment travels across this area. At the time of this inspection |       |          |      |  |  |
| ,   |       |          |      |  |  |
| winter conditions were present and all material has been removed. No pollutants were observed.  |       |          |      |  |  |
| 2. Are any control measures in need of maintenance or repair?   |       | Yes      | 1    | No   |  |
| 3. Have any control measures failed and require replacement?  |       | Yes      | 1    | No   |  |
| 4. Are any additional/revised control measures necessary in this area?  | П     | Yes      | 1    | No   |  |
| If YES to any of these three questions, provide a description of the prob   | lem:  | (Any n   | ece  | essary corrective actions should be described on the |  |
| attached Corrective Action Form.)   |       |          |      |  |  |
|   |       |          |      |  |  |
|   |       |          |      |  |  |
|   |       |          |      |  |  |

|   | Permit Tracking # |          |     |   |
|---|-------------------|----------|-----|---|
| Note: Copy this page and attach additional pages as necessary.  |                   |          |     |   |
| Industrial Activity Area: Street Sweeper Waste Area   |                   |          |     |   |
| 1. Brief Description: Industrial equipment travels across and works in this area during the summer facility operations. During winter operations industrial equipment travels across this area. At the time of this inspection winter conditions were present and all stockpiled material has been removed. No pollutants were observed in the area.                |                   |          |     |   |
| 2. Are any control measures in need of maintenance or repair?   |                   | Yes      | 1   | ] No  |
| 3. Have any control measures failed and require replacement?  |                   | Yes      | 1   | No  |
| 4. Are any additional/revised control measures necessary in this area?  |                   | Yes      | 1   | No  |
| If YES to any of these three questions, provide a description of the proble attached Corrective Action Form.)   |                   | li franç | nec | essai y corrective actions should be described on the |
| Industrial Activity Area: Equipment Staging Area  1. Brief Description: At the time of this inspection winter conditions were present. No equipment was staged on-site at this time. The designated area for staging shows no sign of pollutants at this time.  |                   |          |     |   |
| 2. Are any control measures in need of maintenance or repair?   |                   | Yes      | 1   | No  |
| Have any control measures failed and require replacement?   |                   | Yes      | 1   | No  |
| 4. Are any additional/revised control measures necessary in this area?  |                   | Yes      | 1   | No  |
| If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)  |                   |          |     |   |
| Industrial Activity Area: Detention Pond  1. Brief Description: Stormwater or runoff exposed to industrial equipment flows to the detention pond. At the time of this inspection winter conditions were present. The detention pond is currently frozen and covered with snow. Prior to freezing conditions the area was inspected and no pollutants were observed. |                   |          |     |   |
| Are any control measures in need of maintenance or repair?  |                   | Yes      | 1   | No  |
| Have any control measures failed and require replacement?   |                   | Yes      | 1   | No  |
| 4. Are any additional/revised control measures necessary in this area?  |                   | Yes      | 1   | No  |
| If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)  |                   |          |     |   |

|  | -     |          |      |  |
|--|-------|----------|------|--|
| Note: Copy this page and attach additional pages as necessary.   |       |          |      |  |
| Industrial Activity Area: Retention Basins   |       |          |      |  |
| 1. Brief Description: Stormwater or runoff exposed to industrial equipment flows to the retention basins. At the time of this inspection winter conditions were present. The retention basins are currently frozen and covered with snow. Prior to freezing conditions the area was inspected and no pollutants were observed. |       |          |      |  |
| 2. Are any control measures in need of maintenance or repair?  |       | Yes      | 1    | No   |
| 3. Have any control measures failed and require replacement?   |       | Yes      | 1    | No   |
| 4. Are any additional/revised control measures necessary in this area?   |       | Yes      | 1    | No   |
| If YES to any of these three questions, provide a description of the pro<br>attached Corrective Action Form.)  | boler | n. (Any  | nec  | essary corrective actions should be described on the |
| Industrial Activity Area: Vegetative Conveyance Channel  1. Brief Description: At the time of this inspection winter conditions were present. No flow or pollutants were visible. Prior to freezing conditions the area was inspected and no pollutants were observed.   |       |          |      |  |
| 2. Are any control measures in need of maintenance or repair?  |       | Yes      | 1    | No   |
| 3. Have any control measures failed and require replacement?   | П     | Yes      | 1    | No   |
| 4. Are any additional/revised control measures necessary in this area?   |       | Yes      | 1    | No   |
| If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)   |       |          |      |  |
| Industrial Activity Area:  1. Brief Description:   |       |          |      |  |
| 2. Are any control measures in need of maintenance or repair?  |       | Yes      |      | No   |
| 3. Have any control measures failed and require replacement?   | Ц     | Yes      |      | No   |
| 4. Are any additional/revised control measures necessary in this area?  Yes  No  If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the  |       |          |      |  |
| attached Corrective Action Form.)  | 5,011 | ··· fant | nect |  |

| Section IV. Corrective Actions   |  |  |  |  |
|--|--|--|--|--|
| Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.  Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report. |  |  |  |  |
| 1. Corrective Action # 0 of 0 for this reporting period.   |  |  |  |  |
| 2. Is this corrective action:  |  |  |  |  |
| An update on a corrective action from a previous annual report; or A new corrective action?  |  |  |  |  |
| 3. Identify the condition(s) triggering the need for this review:  |  |  |  |  |
| Unauthorized release of discharge  Numeric effluent limitation exceedance  Control measures inadequate to meet applicable water quality standards  Control measures inadequate to meet non-numeric effluent limitations  Control measures not properly operated or maintained  Change in facility operations necessitated change in control measures  Average benchmark value exceedance  Other (describe):  |  |  |  |  |
| 4. Briefly describe the nature of the problem identified:  |  |  |  |  |
|  |  |  |  |  |
| 5. Date problem identified:  |  |  |  |  |
| 6. How problem was identified:   |  |  |  |  |
| Comprehensive site inspection  Quarterly visual assessment  Routine facility inspection  Benchmark monitoring  Notification by EPA or ADEC  Other (describe):  |  |  |  |  |
| 7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:  |  |  |  |  |
| 8. Did/will this corrective action require modification of you SWPPP?  Yes  No   |  |  |  |  |
| 9. Date corrective action initiated:   |  |  |  |  |
| 10. Date corrective action completed:  Or expected to be completed:  |  |  |  |  |
| 11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:   |  |  |  |  |

| Section V. Annual Report Certification  |  |  |  |  |  |
|---|--|--|--|--|--|
| Compliance Certification  |  |  |  |  |  |
| Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?   |  |  |  |  |  |
| If No, summarize why you are not in compliance with the permit:  Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector  |  |  |  |  |  |
| permit, but by its MS4 instead.   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| Annual Report Certification   |  |  |  |  |  |
| I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |  |  |  |  |  |
| Name of Authorized Representative: James Belz  Title: Superintendent  |  |  |  |  |  |
| Signature: Date Signed: 72-14-22 Email: james.belz@anchorageak.gov  |  |  |  |  |  |
|   |  |  |  |  |  |

| Dormit | Tracking | 44 |
|--------|----------|----|
| rennin | Hacking  | 77 |



| Section I. General Information   |  |  |  |  |
|--|--|--|--|--|
| Facility Name: Muldoon Maintenance/Storage Facility  |  |  |  |  |
| APDES Permit Tracking Number: Not Applicable   |  |  |  |  |
| Facility Physical Address  |  |  |  |  |
| Street: 7909 Boundary Avenue   |  |  |  |  |
| City: Anchorage State: Alaska Zip: 99504   |  |  |  |  |
| Lead Inspector's Name: Trent White Title: SWPPP Inspector  |  |  |  |  |
| Additional Inspectors Names: Dustin Richmond   |  |  |  |  |
| Contact Person: James Belz Title: Superintendent   |  |  |  |  |
| Phone: (907) 343-8265 Email: james.belz@anchorageak.gov  |  |  |  |  |
| Inspection Date: 12/06/2022  |  |  |  |  |
| Section II. General Inspection Findings  |  |  |  |  |
| 1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?  Yes No                                    |  |  |  |  |
| If NO, describe why not:   |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water. |  |  |  |  |
| 2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP?   |  |  |  |  |
|  |  |  |  |  |
| If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

| Permit | Tracking | # |
|--------|----------|---|

| 3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?  |  |  |  |  |
|--|--|--|--|--|
| If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:                           |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 4. Did you review storm water monitoring data as part of this inspection to  Yes No NA, no monitoring performed  |  |  |  |  |
| identify potential pollutant hotspots?   |  |  |  |  |
| If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and   |  |  |  |  |
| around outfalls, including flow dissipation measure to prevent scouring:  At the time of this inspection, winter conditions were present. All outfalls are frozen. In advance of the |  |  |  |  |
| freezing conditions both the on-site drainage systems and outfalls were free of pollutants. The site   |  |  |  |  |
| outfalls and surrounding areas were inspected in advance of freezing conditions, no maintenance was  |  |  |  |  |
| required and control measures were performing as designed.   |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report   |  |  |  |  |
| submission (or since you received authorization to discharge under this permit if this is your first annual report), including any   |  |  |  |  |
| corrective actions identified as a result of this annual comprehensive site inspection?  Yes No  |  |  |  |  |
| If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the  |  |  |  |  |
| MSGP were addressed by these corrective actions?   |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Note: Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of                                   |  |  |  |  |
| this comprehensive storm water inspection.   |  |  |  |  |

|        |            | 0, | - |
|--------|------------|----|---|
| Permit | Tracking # |    |   |

| 6 4 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | ==70  |          | 5 242 |   |
|--|-------|----------|-------|---|
| Section III. Industrial Activity Area Specific Findings  |       |          |       |   |
| Complete one block for each industrial activity area where pollutants may be   | ex    | posed t  | to s  | storm water. Copy this page for additional industrial |
| activity areas.  |       |          |       |   |
| In reviewing each area, you should consider:   |       |          |       |   |
| <ul> <li>Industrial materials, residue, or trash that may have or could come into con</li> </ul>   |       | with st  | orm   | n water;  |
| <ul> <li>Leaks or spills from industrial equipment, drums, tanks, and other containe</li> </ul>  |       |          |       |   |
| Offsite tracking of industrial or waste materials from areas of no exposure t  |       |          |       |   |
| <ul> <li>Tracking or blowing of raw, final, or waste material from areas of no exposu</li> </ul>   | ire t | o expos  | ed :  | areas.  |
| Industrial Activity Area: Access Road  |       |          |       |   |
| 1. Brief Description:  |       |          |       |   |
|  |       |          |       |   |
| Industrial equipment utilize this access road during fa  | CI    | lity o   | pe    | erations. At the time of this inspection              |
| winter conditions were present. Roads within the faci  | lity  | wer wer  | e     | plowed.   |
|  |       |          |       |   |
|  |       |          |       |   |
| 2. Are any control measures in need of maintenance or repair?  |       | Yes      | -     | ✓ No  |
| 3. Have any control measures failed and require replacement?   |       | Yes      |       | No  |
|  | -     |          | -     |   |
| 4. Are any additional/revised control measures necessary in this area?   |       | Yes      | -     | No  |
| If YES to any of these three questions, provide a description of the problem.  | em    | : (Any r | nec   | cessary corrective actions should be described on the |
| attached Corrective Action Form.)  |       |          |       |   |
|  |       |          |       | 26  |
|  |       |          |       |   |
|  |       |          |       |   |
|  |       |          |       |   |
| Industrial Activity Area: Winter Snow Storage Site   |       |          |       |   |
| 1. Brief Description:  |       |          |       |   |
|  |       | 1        | _     | Name of the land of the comment of the                |
| At the time of this inspection winter conditions were p  | re    | sent.    | 5     | snow was being stored in the appropriate              |
| areas per design.  |       |          |       |   |
|  |       |          |       |   |
|  |       |          | _     |   |
| Are any control measures in need of maintenance or repair?   |       | Yes      | -     | No  |
| Have any control measures failed and require replacement?  |       | Yes      |       | ✓ No  |
| 4. Are any additional/revised control measures necessary in this area?   |       | Yes      | V     | No  |
| If YES to any of these three questions, provide a description of the probl   | em    | : (Any r | nec   | cessary corrective actions should be described on the |
| attached Corrective Action Form.)  |       |          |       |   |
|  |       |          |       |   |
|  |       |          |       |   |
| Tr. III  |       |          |       | ,   |
|  |       |          |       |   |
|  |       |          | SEG.  |   |
| Industrial Activity Area: Vegetative Buffers   |       |          |       |   |
| 1. Brief Description:  |       |          |       |   |
| Stormwater or runoff exposed to industrial equipment flow  | /5    | throu    | ah    | these huffers. At the time of this                    |
|  |       |          | -     |   |
| inspection winter conditions were present and no flow was present or any pollutants observed. In advance of  |       |          |       |   |
| the freezing conditions the discharge point was inspected and free of pollutants, and no maintenance was   |       |          |       |   |
| required and control measures were performing as design  | nec   | j        |       |   |
| 2. Are any control measures in need of maintenance or repair?  |       | Yes      |       | V No  |
| 3. Have any control measures failed and require replacement?   |       | Yes      | V     | No  |
| 4. Are any additional/revised control measures necessary in this area?   |       | Yes      | 1     | √ No  |
|  |       |          |       |   |
| If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.) |       |          |       |   |
| attached confective Action Forms,  |       |          |       |   |
|  |       |          |       |   |
|  |       |          |       |   |

| Note: Copy this page and attach additional pages as necessary.  |  |     |  |        |  |  |  |  |
|---|--|-----|--|--------|--|--|--|--|
| Industrial Activity Area: Equipment Storage  1. Brief Description: Equipment is stored in this building. At the time of this inspection the facility was locked and no access was available.  |  |     |  |        |  |  |  |  |
| 2 Assessment and a second of a single and a second of a second of a single and a second of a single and a second of a single and a second of a second of a single and a second of a second |  |     |  |        |  |  |  |  |
|   | passures in need of maintenance or repair?  Yes No  No  Yes No |     |  |        |  |  |  |  |
| Are any additional/revised control measures necessary in this area?   |  |     |  |        |  |  |  |  |
| If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)  |  |     |  |        |  |  |  |  |
| Industrial Activity Area: Retention Basin Area  1. Brief Description: Stormwater or runoff exposed to industrial equipment flows to this detention pond during the spring and summer months. At the time of this inspection winter conditions were present and the detention pond was frozen and covered with snow. Prior to freezing conditions, the area was inspected and no pollutants were observed.   |  |     |  |        |  |  |  |  |
| 2. Are any control measures in need of maintenance or repair?   |  | Yes |  | No     |  |  |  |  |
| 3. Have any control measures failed and require replacement?  | strol measures failed and require replacement? Yes No          |     |  |        |  |  |  |  |
| 4. Are any additional/revised control measures necessary in this area? Yes No   |  |     |  |        |  |  |  |  |
| If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)  |  |     |  |        |  |  |  |  |
| Industrial Activity Area:   |  |     |  | e (20) |  |  |  |  |
| 1. Brief Description:   |  |     |  |        |  |  |  |  |
| 2. Are any control measures in need of maintenance or repair?   |  | Yes |  | No     |  |  |  |  |
| 3. Have any control measures failed and require replacement?  |  | Yes |  | No     |  |  |  |  |
| 4. Are any additional/revised control measures necessary in this area?  Yes No  If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)  |  |     |  |        |  |  |  |  |
|   |  | **  |  |        |  |  |  |  |

| Section IV. Corrective Actions   |
|--|
| Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.  Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report. |
| 1. Corrective Action # 0 of 0 for this reporting period.   |
| 2. Is this corrective action:  |
| An update on a corrective action from a previous annual report; or  A new corrective action?   |
| 3. Identify the condition(s) triggering the need for this review:  |
| Unauthorized release of discharge  |
| Numeric effluent limitation exceedance   |
| Control measures inadequate to meet applicable water quality standards   |
| Control measures inadequate to meet non-numeric effluent limitations   |
| Control measures not properly operated or maintained   |
| Change in facility operations necessitated change in control measures  |
| Average benchmark value exceedance   |
| Other (describe):  |
| 4. Briefly describe the nature of the problem identified:  |
|  |
|  |
|  |
|  |
| 5. Date problem identified:  |
| 6. How problem was identified:   |
| Comprehensive site inspection  |
| Quarterly visual assessment  |
| Routine facility inspection  |
| Benchmark monitoring   |
| Notification by EPA or ADEC  |
| Other (describe):  |
| 7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to  |
| control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:  |
|  |
|  |
|  |
|  |
| control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:  |
| control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:  8. Did/will this corrective action require modification of you SWPPP?  Yes  No  |
| 8. Did/will this corrective action require modification of you SWPPP?  9. Date corrective action initiated:  10. Date corrective action completed:  Or expected to be completed:  11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and  |
| control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:  8. Did/will this corrective action require modification of you SWPPP?  Yes  No  9. Date corrective action initiated:  10. Date corrective action completed:  Or expected to be completed:   |
| 8. Did/will this corrective action require modification of you SWPPP?  9. Date corrective action initiated:  10. Date corrective action completed:  Or expected to be completed:  11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and  |
| 8. Did/will this corrective action require modification of you SWPPP?  9. Date corrective action initiated:  10. Date corrective action completed:  Or expected to be completed:  11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and  |

| Section V. Annual Report Certification  |  |  |  |  |  |
|---|--|--|--|--|--|
| Compliance Certification  |  |  |  |  |  |
| Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?  Yes No   |  |  |  |  |  |
| If No, summarize why you are not in compliance with the permit:  Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector  |  |  |  |  |  |
| permit, but by its MS4 instead.   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| Annual Report Certification   |  |  |  |  |  |
| I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |  |  |  |  |  |
| Name of Authorized Representative: James Belz  Title: Superintendent  |  |  |  |  |  |
| Signature: Date Signed: 7-14-22 <sub>Email:</sub> james.belz@anchorageak.gov  |  |  |  |  |  |
|   |  |  |  |  |  |



| Section I. General Information   |  |  |  |  |  |
|--|--|--|--|--|--|
| Facility Name: Orca Street Lighting Storage Facility   |  |  |  |  |  |
| APDES Permit Tracking Number: Not Applicable   |  |  |  |  |  |
| Facility Physical Address  |  |  |  |  |  |
| Street: 245 Orca Street  |  |  |  |  |  |
| City: Anchorage State: Alaska Zip: 99501   |  |  |  |  |  |
| Lead Inspector's Name: Trent White Title: SWPPP Inspector  |  |  |  |  |  |
| Additional Inspectors Names: Dustin Richmond   |  |  |  |  |  |
| Contact Person: James Belz Title: Superintendent   |  |  |  |  |  |
| Phone: (907) 343-8265 Email: james.belz@anchorageak.gov  |  |  |  |  |  |
| Inspection Date: 12/07/2022  |  |  |  |  |  |
| Section II. General Inspection Findings  |  |  |  |  |  |
| 1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?  Yes No                                    |  |  |  |  |  |
| If NO, describe why not:   |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water. |  |  |  |  |  |
| 2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your  |  |  |  |  |  |
| SWPPP?   |  |  |  |  |  |
| If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

For Agency Use

| Permit ' | Tracking # |  |
|----------|------------|--|

| 3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?  |  |  |  |  |
|--|--|--|--|--|
| If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:   |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots?  No NA, no monitoring performed   |  |  |  |  |
| If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:  |  |  |  |  |
| At the time of this inspection, winter conditions were present. All outfalls are frozen. In advance of the freezing conditions both the on-site drainage systems and outfalls were free of pollutants. The site  |  |  |  |  |
| outfalls and surrounding areas were inspected in advance of freezing conditions, no maintenance was required and control measures were performing as designed.   |  |  |  |  |
| required and control measures were performing as designed.   |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| <ol><li>Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report<br/>submission (or since you received authorization to discharge under this permit if this is your first annual report), including any</li></ol> |  |  |  |  |
| corrective actions identified as a result of this annual comprehensive site inspection?  Yes No  |  |  |  |  |
| If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?   |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Note: Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of this comprehensive storm water inspection.  |  |  |  |  |

|        |          |   | <br> |  |
|--------|----------|---|------|--|
| Permit | Tracking | # |      |  |

| Section III. Industrial Activity Area Specific Findings  Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.  In reviewing each area, you should consider:  Industrial materials, residue, or trash that may have or could come into contact with storm water;  Leaks or spills from industrial equipment, drums, tanks, and other containers;  Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and  Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas.  Industrial Activity Area: RAP Access Roads and Pad  Brief Description:  Industrial equipment utilize this access road during facility operations and is stored on the pad. At the time of this inspection winter conditions were present. The roads and pads within the facility had not been plowed. |  |        |     |   |  |  |  |  |
|--|--|--------|-----|---|--|--|--|--|
| Are any control measures in need of maintenance or repair?   | Are any control measures in need of maintenance or repair? |        |     |   |  |  |  |  |
| 3. Have any control measures failed and require replacement?   | Have any control measures failed and require replacement?  |        |     |   |  |  |  |  |
| 4. Are any additional/revised control measures necessary in this area?   | П  | Yes    | V   | No  |  |  |  |  |
| Industrial Activity Area: Winter Snow Storage Site   |  |        | -   |   |  |  |  |  |
| Brief Description:  At the time of this inspection winter conditions were present and snow had been stored in the locations per the site map.  |  |        |     |   |  |  |  |  |
| 2. Are any control measures in need of maintenance or repair?  |  | Yes    | ~   | No  |  |  |  |  |
| 3. Have any control measures failed and require replacement?   | Have any control measures failed and require replacement?  |        |     |   |  |  |  |  |
| 4. Are any additional/revised control measures necessary in this area?   |  |        |     |   |  |  |  |  |
| If YES to any of these three questions, provide a description of the proble attached Corrective Action Form.)  | em:  | (Any n | ece | ssary corrective actions should be described on the |  |  |  |  |
| Industrial Activity Area: Equipment Storage  1. Brief Description:  At the time of this inspection winter conditions were present. No pollutants were observed in or around the stored equipment sites.  |  |        |     |   |  |  |  |  |
| re any control measures in need of maintenance or repair?  |  |        |     |   |  |  |  |  |
| 3. Have any control measures failed and require replacement?   |  | Yes    | V   | No  |  |  |  |  |
| 4. Are any additional/revised control measures necessary in this area?   | П  | Yes    | V   | No  |  |  |  |  |
| If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)   |  |        |     |   |  |  |  |  |

| Permit Tracking | # |
|-----------------|---|
|-----------------|---|

| Note: Copy this page and attach additional pages as necessary.  |   |         |      |  |  |  |  |  |
|---|---|---------|------|--|--|--|--|--|
| Industrial Activity Area: Sanitation Station Location  1. Brief Description: At the time of this inspection winter conditions were present, no pollutants were observed. Prior to freezing conditions area was inspected and no pollutants were observed as well. |   |         |      |  |  |  |  |  |
| An any control managers in most of maintanance or reserved.   |   |         |      |  |  |  |  |  |
| 2. Are any control measures in need of maintenance or repair?   |   |         |      |  |  |  |  |  |
| Have any control measures failed and require replacement?      Are any additional/revised control measures necessary in this area?  | Yes V No  |         |      |  |  |  |  |  |
| If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)  |   |         |      |  |  |  |  |  |
| Industrial Activity Area:   |   |         |      |  |  |  |  |  |
| 1. Brief Description:   |   |         |      |  |  |  |  |  |
|   |   |         |      |  |  |  |  |  |
| Are any control measures in need of maintenance or repair?  | Are any control measures in need of maintenance or repair?        |         |      |  |  |  |  |  |
| Have any control measures failed and require replacement?   | Т   | Yes     | Т    | No   |  |  |  |  |
| 4. Are any additional/revised control measures necessary in this area?  | Г   | Yes     | T    | No   |  |  |  |  |
| If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)  |   |         |      |  |  |  |  |  |
| Industrial Activity Area:   |   |         |      |  |  |  |  |  |
| 1. Brief Description:   |   |         |      |  |  |  |  |  |
| 2. Are any control measures in need of maintenance or repair?   | Are any control measures in need of maintenance or repair? Yes No |         |      |  |  |  |  |  |
| 3. Have any control measures failed and require replacement?  |   | Yes     |      | No   |  |  |  |  |
| 4. Are any additional/revised control measures necessary in this area?  |   | Yes     |      | No   |  |  |  |  |
| If YES to any of these three questions, provide a description of the prol<br>attached Corrective Action Form.)  | blen  | m: (Any | nece | essary corrective actions should be described on the |  |  |  |  |

| Section IV. Corrective Actions   |
|--|
| Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.  Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report. |
| 1. Corrective Action # 0 of 0 for this reporting period.   |
| 2. Is this corrective action:  |
| An update on a corrective action from a previous annual report; or  A new corrective action?   |
| Identify the condition(s) triggering the need for this review:   |
| Unauthorized release of discharge  |
| Numeric effluent limitation exceedance   |
| Control measures inadequate to meet applicable water quality standards   |
| Control measures inadequate to meet non-numeric effluent limitations   |
| Control measures not properly operated or maintained   |
| Change in facility operations necessitated change in control measures  |
| Average benchmark value exceedance   |
| Other (describe):  |
| 4. Briefly describe the nature of the problem identified:  |
|  |
|  |
|  |
|  |
| 5. Date problem identified:  |
| 6. How problem was identified:   |
| Comprehensive site inspection  |
| Quarterly visual assessment  |
| Routine facility inspection  |
| Benchmark monitoring   |
| Notification by EPA or ADEC  |
| Other (describe):  |
| 7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:  |
|  |
| 8. Did/will this corrective action require modification of you SWPPP? Yes No   |
| 9. Date corrective action initiated:   |
| 10. Date corrective action completed: Or expected to be completed:   |
| 11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:   |

| Section V. Annual Report Certification  |
|---|
| Compliance Certification  |
| Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?   |
| If No, summarize why you are not in compliance with the permit:  Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector  |
| permit, but by its MS4 instead.   |
|   |
|   |
|   |
|   |
| Annual Report Certification   |
| I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |
| Name of Authorized Representative: James Belz Title: Superintendent   |
| Signature: Date Signed: 12-14-22 Email: james.belz@anchorageak.gov  |
|   |

| Permit Tracking | #  |
|-----------------|----|
| remit macking   | TT |



| Section I. General Information   |
|--|
| Facility Name: Sitka Street Snow Disposal Site   |
| APDES Permit Tracking Number: Not Applicable   |
| Facility Physical Address  |
| Street: 1505 Sitka Street  |
| City: Anchorage State: Alaska Zip: 99501   |
| Lead Inspector's Name: Trent White Title: SWPPP Inspector  |
| Additional Inspectors Names: Dustin Richmond   |
| Contact Person: James Belz Title: Superintendent   |
| Phone: (907) 343-8265 Email: james.belz@anchorageak.gov  |
| Inspection Date: 12/06/2022  |
| Section II. General Inspection Findings  |
| 1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?  Yes No                                    |
| If NO, describe why not:   |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water. |
| 2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your  |
| SWPPP?   |
| If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

| Permit | Tracking # |  |
|--------|------------|--|

| 3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?  Yes No   |
|---|
| If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:  |
| any control in place.   |
|   |
|   |
|   |
|   |
|   |
| 4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots?  No. NA, no monitoring performed   |
| If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:   |
|   |
|   |
|   |
|   |
|   |
|   |
| 5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:   |
| At the time of this inspection, winter conditions were present. All outfalls are frozen. In advance of the freezing conditions both the on-site drainage systems and outfalls were free of pollutants. The site   |
| outfalls and surrounding areas were inspected in advance of freezing conditions, no maintenance was   |
| required and control measures were performing as designed.  |
|   |
|   |
| 6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any |
| corrective actions identified as a result of this annual comprehensive site inspection?  Yes No   |
| If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the   |
| MSGP were addressed by these corrective actions?  |
| •   |
| Note: Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of this comprehensive storm water inspection.   |

|        |            | <br>• | .0 |  |
|--------|------------|-------|----|--|
| Permit | Tracking # |       |    |  |

| Section III. Industrial Activity Area Specific Findings  Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.  In reviewing each area, you should consider:  Industrial materials, residue, or trash that may have or could come into contact with storm water;  Leaks or spills from industrial equipment, drums, tanks, and other containers;  Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and  Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas.  Industrial Activity Area: RAP Access Road |  |     |   |    |  |
|--|--|-----|---|----|--|
| 1. Brief Description:  |  |     |   |    |  |
| Industrial equipment utilize this access road during fa<br>winter conditions were present, no snow had been plants   |  |     |   | •  |  |
| 2. Are any control measures in need of maintenance or repair?  |  | Yes | V | No |  |
| 3. Have any control measures failed and require replacement?   |  | Yes | V | No |  |
| 4. Are any additional/revised control measures necessary in this area?   |  | Yes | V | No |  |
| attached Corrective Action Form.)  |  |     |   |    |  |
| Industrial Activity Area: Snow Disposal Pad  1. Brief Description: Industrial equipment cross this pad during facility fall preparation and winter operations. At the time of this inspection winter conditions were present, no snow had been removed from the disposal pad or any snow been placed from street clearing operations.  |  |     |   |    |  |
| 2. Are any control measures in need of maintenance or repair?  |  | Yes | V | No |  |
| 3. Have any control measures failed and require replacement?   |  | Yes | V | No |  |
| 4. Are any additional/revised control measures necessary in this area?   |  | Yes | V | No |  |
| If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)   |  |     |   |    |  |
| Industrial Activity Area: Staging Area  1. Brief Description: At the time of this inspection winter conditions were present. No equipment was staged on site at this time. No pollutants were observed.  |  |     |   |    |  |
| 2. Are any control measures in need of maintenance or repair?  |  |     |   |    |  |
| 3. Have any control measures failed and require replacement?  Yes  No  |  |     |   |    |  |
| 4. Are any additional/revised control measures necessary in this area?   |  | Yes | V | No |  |
| If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)   |  |     |   |    |  |

| Permit Tracking    | #  |  |
|--------------------|----|--|
| I CHITTE HEALTHING | 12 |  |

|  |     | N       | lote | e: Copy this page and attach additional pages as necessary.  |
|--|-----|---------|------|--|
| Industrial Activity Area: Sedimentation Pond   |     |         |      |  |
| 1. Brief Description:  |     |         |      |  |
| Stormwater or runoff exposed to industrial equipment   | f   | ows     | to   | this sedimentation pond during the   |
| spring and summer months. At the time of this inspec   |     |         |      |  |
| sedimentation pond was frozen and covered with sno   | W   | . Prid  | or t | o freezing conditions, the area was  |
| inspected and no pollutants were observed.   |     |         |      |  |
| 2. Are any control measures in need of maintenance or repair?  |     | Yes     | V    | No   |
| Have any control measures failed and require replacement?  |     | Yes     | V    | No No  |
| 4. Are any additional/revised control measures necessary in this area?   |     | Yes     | V    | No No  |
| If YES to any of these three questions, provide a description of the prob  | len | n: (Any | nec  | essary corrective actions should be described on the   |
| attached Corrective Action Form.)  |     |         |      |  |
|  |     |         |      |  |
|  |     |         |      |  |
|  |     |         |      |  |
|  |     |         |      |  |
| Industrial Activity Area: Oil and Grit Separator   |     |         |      |  |
| 1. Brief Description:  |     |         |      |  |
| At the time of this inspection winter conditions were p  |     |         |      |  |
| covered in snow. Prior to freezing conditions, the sep   | ar  | ator    | wa   | is inspected and no pollutants were  |
| observed.  |     |         |      | THE STATE OF THE S |
|  |     |         |      |  |
| 2. Are any control measures in need of maintenance or repair?  |     | Yes     | V    | No   |
| 3. Have any control measures failed and require replacement?   |     | Yes     | ~    | No   |
| 4. Are any additional/revised control measures necessary in this area?   |     | Yes     |      | No   |
| If YES to any of these three questions, provide a description of the probattached Corrective Action Form.)   | len | n: (Any | nec  | essary corrective actions should be described on the   |
|  |     |         |      |  |
|  |     |         |      | *  |
|  |     |         |      |  |
|  |     |         |      |  |
| Industrial Activity Area: Aggregate Pile   |     |         |      |  |
| 1. Brief Description:  |     |         |      |  |
| At the time of this inspection winter conditions were p  | re  | sent    | . T  | he aggregate pile was covered in snow  |
| and frozen, it was in the plan location per the site ma  |     |         |      | 00 0 1   |
| , and the second |     |         |      |  |
|  |     |         |      |  |
| 2. Are any control measures in need of maintenance or repair?  |     | Yes     | V    | No   |
| Have any control measures failed and require replacement?  | ٦   | Yes     | V    | No   |
| 4. Are any additional/revised control measures necessary in this area?   | T   | Yes     | V    | No   |
| If YES to any of these three questions, provide a description of the prob  | len | n: (Any | nec  | essary corrective actions should be described on the   |
| attached Corrective Action Form.)  |     |         |      |  |
|  |     |         |      |  |
|  |     |         |      |  |
|  |     |         |      |  |
|  |     |         |      |  |
|  |     |         |      |  |

| Section IV. Corrective Actions   |
|--|
| Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.  Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report. |
| 1. Corrective Action # 0 of 0 for this reporting period.   |
| 2. Is this corrective action:  |
| An update on a corrective action from a previous annual report; or A new corrective action?  |
| 3. Identify the condition(s) triggering the need for this review:  |
| Unauthorized release of discharge  Numeric effluent limitation exceedance  Control measures inadequate to meet applicable water quality standards  Control measures inadequate to meet non-numeric effluent limitations  Control measures not properly operated or maintained  Change in facility operations necessitated change in control measures  Average benchmark value exceedance   |
| Other (describe):  |
| 4. Briefly describe the nature of the problem identified:  5. Date problem identified:  6. How problem was identified:  Comprehensive site inspection  Quarterly visual assessment   |
| Routine facility inspection Benchmark monitoring Notification by EPA or ADEC Other (describe):  7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:  |
|  |
| 8. Did/will this corrective action require modification of you SWPPP? Yes No   |
| 9. Date corrective action initiated:   |
| 10. Date corrective action completed: Or expected to be completed:   |
| 11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:   |

| Section V. Annual Report Certification  |  |  |  |  |
|---|--|--|--|--|
| Compliance Certification  |  |  |  |  |
| Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?  Yes No   |  |  |  |  |
| If No, summarize why you are not in compliance with the permit:  Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector  |  |  |  |  |
| permit, but by its MS4 instead.   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| Annual Report Certification   |  |  |  |  |
| I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |  |  |  |  |
| Name of Authorized Representative: James Belz  Title: Superintendent  |  |  |  |  |
| Signature: Date Signed: B-14-22 Email: james.belz@anchorageak.gov   |  |  |  |  |
| U/I   |  |  |  |  |



| Section I. General Information   |
|--|
| Facility Name: North Mountain View Snow Disposal Site  |
| APDES Permit Tracking Number: Not Applicable   |
| Facility Physical Address  |
| Street: 4800 Block of Mountain View Drive  |
| City: Anchorage State: Alaska Zip: 99501   |
| Lead Inspector's Name: Trent White Title: SWPPP Inspector  |
| Additional Inspectors Names: Dustin Richmond   |
| Contact Person: James Belz Title: Superintendent   |
| Phone: (907) 343-8265 Email: james.belz@anchorageak.gov  |
| Inspection Date: 12/08/2022  |
| Section II. General Inspection Findings  |
| 1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?  Yes No                                    |
| If NO, describe why not:   |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water. |
| 2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your  |
| SWPPP?   |
| If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|                   | _ |
|-------------------|---|
| No 14 Tax al 1 44 |   |
| Permit Tracking # |   |

| 3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?   |
|---|
| If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:  |
|   |
|   |
|   |
|   |
|   |
|   |
| 4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots?  No NA, no monitoring performed  |
| If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:   |
|   |
|   |
|   |
|   |
|   |
|   |
| 5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:   |
| At the time of this inspection, winter conditions were present. All outfalls are frozen. In advance of the freezing conditions both the on-site drainage systems and outfalls were free of pollutants. The site   |
| outfalls and surrounding areas were inspected in advance of freezing conditions, no maintenance was   |
| required and control measures were performing as designed.  |
|   |
|   |
| 6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any |
| corrective actions identified as a result of this annual comprehensive site inspection?  Yes No   |
| If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the   |
| MSGP were addressed by these corrective actions?  |
|   |
| Note: Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of this comprehensive storm water inspection.   |

|                   | - | - | .0 |  |
|-------------------|---|---|----|--|
| Permit Tracking # |   |   |    |  |

| Section III. Industrial Activity Area Specific Findings  Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.  In reviewing each area, you should consider:  Industrial materials, residue, or trash that may have or could come into contact with storm water;  Leaks or spills from industrial equipment, drums, tanks, and other containers;  Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and  Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas.  Industrial Activity Area: RAP Access Road  Brief Description:  Industrial equipment utilize this access road during facility operations. At the time of this inspection winter conditions were present. Access road has not been plowed of snow at this time. |   |     |   |    |  |
|--|---|-----|---|----|--|
| Are any control measures in need of maintenance or repair?   | Ш | Yes | V | No |  |
| 3. Have any control measures failed and require replacement?   |   | Yes | V | No |  |
| 4. Are any additional/revised control measures necessary in this area?   |   | Yes | V | No |  |
| attached Corrective Action Form.)  |   |     |   |    |  |
| Industrial Activity Area: Snow Disposal Pad  1. Brief Description: Industrial equipment cross this pad during facility fall preparation and winter operations. At this time winter conditions were present. No snow has been removed from the pad area or brought to the site from street clearing operations.   |   |     |   |    |  |
| 2. Are any control measures in need of maintenance or repair?  |   | Yes | ~ | No |  |
| 3. Have any control measures failed and require replacement?   |   | Yes | V | No |  |
| 4. Are any additional/revised control measures necessary in this area?   |   | Yes | V | No |  |
| If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)   |   |     |   |    |  |
| Industrial Activity Area: Vegetative Buffers   |   |     |   |    |  |
| Stormwater or runoff exposed to industrial equipment flows through these buffers. At the time of this inspection winter conditions were present and no flow was present or any pollutants observed. In advance of the freezing conditions the discharge point was inspected and free of pollutants, and no maintenance was required and control measures were performing as designed.  |   |     |   |    |  |
| 2. Are any control measures in need of maintenance or repair?  |   | Yes | V |    |  |
| Have any control measures failed and require replacement?  | Ш | Yes | ~ | No |  |
| 4. Are any additional/revised control measures necessary in this area?  Yes  No  If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)  |   |     |   |    |  |

| Note: Copy this page and attach additional pages as necessary.   |      |           |      |   |  |  |  |
|--|------|-----------|------|---|--|--|--|
| Industrial Activity Area: Staging Area   |      |           |      |   |  |  |  |
| 1. Brief Description:  |      |           |      |   |  |  |  |
| At the time of this inspection winter conditions were p  | re   | sent      | N    | o equipment was staged onsite and no                    |  |  |  |
| pollutants were observed in the area.  |      |           |      |   |  |  |  |
|  |      |           |      |   |  |  |  |
|  |      |           |      |   |  |  |  |
| 2. Are any control measures in need of maintenance or repair?  |      | Yes       | V    | No  |  |  |  |
| Have any control measures failed and require replacement?  |      | Yes       | V    | No  |  |  |  |
| 4. Are any additional/revised control measures necessary in this area?   |      | Yes       | V    | No  |  |  |  |
| If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the   |      |           |      |   |  |  |  |
| attached Corrective Action Form.)  |      |           |      |   |  |  |  |
|  |      |           |      |   |  |  |  |
|  |      |           |      |   |  |  |  |
|  |      |           |      |   |  |  |  |
| Industrial Astricts Associated and the Associated a | -    | -         |      |   |  |  |  |
| Industrial Activity Area: Retention Basins #1,#2 and #3  |      |           |      | 9   |  |  |  |
| 1. Brief Description:  | . fi | 011/0     | +~ + | these retention needs during the enring                 |  |  |  |
| Stormwater or runoff exposed to industrial equipment<br>and summer months. At the time of this inspection wi   |      |           |      |   |  |  |  |
| ponds were frozen and covered with snow. Prior to frozen   |      |           |      |   |  |  |  |
| no pollutants were observed.   | CC   | Ziriy     | CU   | nullions, the areas were inspected and                  |  |  |  |
| Are any control measures in need of maintenance or repair?   |      | Yes       | V    | No  |  |  |  |
| Have any control measures failed and require replacement?  | H    | Yes       | V    | No  |  |  |  |
| Are any additional/revised control measures necessary in this area?  | =    | Yes       |      | No  |  |  |  |
| If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the   |      |           |      |   |  |  |  |
| attached Corrective Action Form.)  |      |           |      |   |  |  |  |
|  |      |           |      | 200   |  |  |  |
|  |      |           |      |   |  |  |  |
|  |      |           |      |   |  |  |  |
|  |      |           |      |   |  |  |  |
| Industrial Activity Area:  |      |           |      | *   |  |  |  |
| 1. Brief Description:  |      |           |      |   |  |  |  |
|  |      |           |      |   |  |  |  |
|  |      |           |      |   |  |  |  |
|  |      |           |      |   |  |  |  |
| 2 Are any control managing in mod of maintainers are access?   | _    | Voc       | _    | I No.   |  |  |  |
| Are any control measures in need of maintenance or repair?   | _    | Yes       | ┾    | No<br>No  |  |  |  |
| Have any control measures failed and require replacement?  | _    | Yes       | ┾    |   |  |  |  |
| Are any additional/revised control measures necessary in this area?  If YES to any of these three questions, provide a description of the prob   | len  | Yes       | nec  | No essary corrective actions should be described on the |  |  |  |
| attached Corrective Action Form.)  | HEII | ii. (Aliy | nec  | essary corrective actions should be described on the    |  |  |  |
| •  |      |           |      |   |  |  |  |
|  |      |           |      |   |  |  |  |
|  |      |           |      |   |  |  |  |
|  |      |           |      | -   |  |  |  |
|  |      |           |      |   |  |  |  |

| Section IV. Corrective Actions   |  |  |  |  |  |
|--|--|--|--|--|--|
| Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.  Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report. |  |  |  |  |  |
| 1. Corrective Action # 0 of 0 for this reporting period.   |  |  |  |  |  |
| 2. Is this corrective action:  |  |  |  |  |  |
| An update on a corrective action from a previous annual report; or  A new corrective action?   |  |  |  |  |  |
| 3. Identify the condition(s) triggering the need for this review:  |  |  |  |  |  |
| Unauthorized release of discharge  |  |  |  |  |  |
| Numeric effluent limitation exceedance   |  |  |  |  |  |
| Control measures inadequate to meet applicable water quality standards   |  |  |  |  |  |
| Control measures inadequate to meet non-numeric effluent limitations   |  |  |  |  |  |
| Control measures not properly operated or maintained   |  |  |  |  |  |
| Change in facility operations necessitated change in control measures  |  |  |  |  |  |
| Average benchmark value exceedance   |  |  |  |  |  |
| Other (describe):  |  |  |  |  |  |
| 4. Briefly describe the nature of the problem identified:  |  |  |  |  |  |
| 4. Sheny describe the nature of the prostern dentaned.   |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 5. Date problem identified:  |  |  |  |  |  |
| 6. How problem was identified:   |  |  |  |  |  |
| Comprehensive site inspection  |  |  |  |  |  |
| Quarterly visual assessment  |  |  |  |  |  |
| Routine facility inspection  |  |  |  |  |  |
| ☐ Benchmark monitoring   |  |  |  |  |  |
| Notification by EPA or ADEC  |  |  |  |  |  |
| Other (describe):  |  |  |  |  |  |
| 7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 8. Did/will this corrective action require modification of you SWPPP? Yes No   |  |  |  |  |  |
| 9. Date corrective action initiated:   |  |  |  |  |  |
| 10. Date corrective action completed: Or expected to be completed:   |  |  |  |  |  |
| 11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:   |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

| Section V. Annual Report Certification  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Compliance Certification  |  |  |  |  |  |  |
| Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?  Yes No   |  |  |  |  |  |  |
| If No, summarize why you are not in compliance with the permit:  Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector  |  |  |  |  |  |  |
| permit, but by its MS4 instead.   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Annual Report Certification   |  |  |  |  |  |  |
| I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |  |  |  |  |  |  |
| Name of Authorized Representative: James Belz Title: Superintendent   |  |  |  |  |  |  |
| Signature: Date Signed: 12-14-22_Email: james.belz@anchorageak.gov  |  |  |  |  |  |  |



| Section I. General Information   |  |  |  |  |
|--|--|--|--|--|
| Facility Name: Tudor Road Snow Disposal Site   |  |  |  |  |
| APDES Permit Tracking Number: Not Applicable   |  |  |  |  |
| Facility Physical Address  |  |  |  |  |
| Street: 6135 East Tudor Road   |  |  |  |  |
| City: Anchorage State: Alaska Zip: 99515   |  |  |  |  |
| Lead Inspector's Name: Trent White Title: SWPPP Inspector  |  |  |  |  |
| Additional Inspectors Names: Dustin Richmond   |  |  |  |  |
| Contact Person: James Belz Title: Superintendent   |  |  |  |  |
| Phone: (907) 343-8265 Email: james.belz@anchorageak.gov  |  |  |  |  |
| Inspection Date: 12/06/2022  |  |  |  |  |
| Section II. General Inspection Findings  |  |  |  |  |
| 1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?  |  |  |  |  |
| If NO, describe why not:   |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water. |  |  |  |  |
| 2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your  |  |  |  |  |
| SWPPP?   |  |  |  |  |
| If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

| Permit | Tracking | # |  |
|--------|----------|---|--|

| in your SWPPP?  Yes  Yes   |
|--|
| If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:   |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| 4. Did you review storm water monitoring data as part of this inspection to  |
| identify potential pollutant hotspots?   |
| If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| 5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and   |
| around outfalls, including flow dissipation measure to prevent scouring:   |
| At the time of this inspection, winter conditions were present. All outfalls are frozen. In advance of the freezing conditions both the on-site drainage systems and outfalls were free of pollutants. The site            |
| outfalls and surrounding areas were inspected in advance of freezing conditions, no maintenance was  |
| required and control measures were performing as designed.   |
|  |
|  |
|  |
| 6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report   |
| submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection? |
| Yes No   |
| If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the  |
| MSGP were addressed by these corrective actions?   |
|  |
|  |
| Note: Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of this comprehensive storm water inspection.                              |
| and comprehensive storm water inspection.  |

|        |            | 0 - 7 |  |
|--------|------------|-------|--|
| Permit | Tracking # |       |  |

| Section III Industrial Activity Area Specific Findings  |            |          |      |  |  |  |
|---|------------|----------|------|--|--|--|
| Section III. Industrial Activity Area Specific Findings   |            |          |      |  |  |  |
| Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas. |            |          |      |  |  |  |
| In reviewing each area, you should consider:  |            |          |      |  |  |  |
| Industrial materials, residue, or trash that may have or could come into con  | tact       | with str | orm  | water:   |  |  |
| <ul> <li>Leaks or spills from industrial equipment, drums, tanks, and other container</li> </ul>  |            |          |      | ,  |  |  |
| <ul> <li>Offsite tracking of industrial or waste materials from areas of no exposure t</li> </ul>   | o ex       | cposed a | reas | s; and   |  |  |
| <ul> <li>Tracking or blowing of raw, final, or waste material from areas of no exposu</li> </ul>  | ıre t      | o expos  | ed a | reas.  |  |  |
| Industrial Activity Area: RAP Access Road   |            |          |      |  |  |  |
| 1. Brief Description:   |            |          |      |  |  |  |
|   |            |          |      |  |  |  |
| Industrial equipment utilize this access road during fa   |            |          |      |  |  |  |
| winter conditions were present, access road was not   | ple        | owed     | 01   | f snow.  |  |  |
|   |            |          |      | -  |  |  |
|   |            |          |      | 7  |  |  |
| Are any control measures in need of maintenance or repair?  | L          | Yes      | ~    | No No  |  |  |
| Have any control measures failed and require replacement?   |            | Yes      | ~    | No No  |  |  |
| 4. Are any additional/revised control measures necessary in this area?  |            | Yes      | V    | No   |  |  |
| If YES to any of these three questions, provide a description of the probl  | em         | : (Any n | ece  | essary corrective actions should be described on the |  |  |
| attached Corrective Action Form.)   |            |          |      |  |  |  |
|   |            |          |      |  |  |  |
|   |            |          |      |  |  |  |
|   |            |          |      |  |  |  |
|   |            |          |      |  |  |  |
| Industrial Activity Area: Snow Disposal Pad   |            |          |      |  |  |  |
| 1. Brief Description:   |            |          |      |  |  |  |
| Industrial equipment cross this pad during facility fall  | nra        | anara    | tic  | on and winter operations. At the time of             |  |  |
|   |            |          |      |  |  |  |
| this inspection winter conditions were present, dispos  |            | •        | na   | d existing show on it, show was also                 |  |  |
| stockpiled at storage site #1 from street clearing oper   | atı        | ons.     |      |  |  |  |
| Are any control measures in need of maintenance or repair?  | Г          | Yes      | V    | No   |  |  |
|   | F          |          | +    |  |  |  |
| 3. Have any control measures failed and require replacement?  Yes  No   |            |          |      |  |  |  |
| 4. Are any additional/revised control measures necessary in this area? Yes V No   |            |          |      |  |  |  |
| If YES to any of these three questions, provide a description of the probl  | em         | : (Any n | ece  | essary corrective actions should be described on the |  |  |
| attached Corrective Action Form.)   |            |          |      |  |  |  |
|   |            |          |      |  |  |  |
| e. Ie e   |            |          |      |  |  |  |
|   |            |          |      |  |  |  |
|   | m 18       |          |      |  |  |  |
| Industrial Activity Area: Vegetative Buffers Discharge Point #  | <i>‡</i> 1 |          |      |  |  |  |
| 1. Brief Description:   |            |          |      |  |  |  |
|   | /c         | throug   | ah   | these huffers. At the time of this                   |  |  |
| Stormwater or runoff exposed to industrial equipment flows through these buffers. At the time of this   |            |          |      |  |  |  |
| inspection winter conditions were present. No flow or pollutants were observed. Prior to freezing conditions,   |            |          |      |  |  |  |
| inspections were made and no pollutants were observed, no maintenance was required, and control   |            |          |      |  |  |  |
| measures were performing as designed.   | _          | ,        | _    |  |  |  |
| Are any control measures in need of maintenance or repair?  |            | Yes      | V    | No   |  |  |
| 3. Have any control measures failed and require replacement?  |            | Yes      | V    | No No  |  |  |
| 4. Are any additional/revised control measures necessary in this area?  |            | Yes      | V    | No   |  |  |
| If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the                    |            |          |      |  |  |  |
| attached Corrective Action Form.)   |            |          |      |  |  |  |
|   |            |          |      |  |  |  |
|   |            |          |      | 1  |  |  |
|   |            |          |      |  |  |  |

| Permit | Tracking | #  |
|--------|----------|----|
| CHILL  | HIGHNIE  | 17 |

|  |      | N       | lote: | : Copy this page and attach additional pages as necessary. |
|--|------|---------|-------|--|
| Industrial Activity Area: Sedimentation Pond   |      |         |       |  |
| 1. Brief Description:  Stormwater or runoff exposed to industrial equipment flows to this sedimentation pond. At the time of this inspection winter conditions were present, the pond was frozen and covered with snow no pollutants were observed. Prior to freezing conditions inspections were made of this area and no pollutants were observed.                               |      |         |       |  |
| 2. Are any control measures in need of maintenance or repair?  | П    | Yes     | V     | No   |
| Have any control measures failed and require replacement?  | Ħ    | Yes     | V     | No   |
| 4. Are any additional/revised control measures necessary in this area?   | П    | Yes     | V     | No   |
| If YES to any of these three questions, provide a description of the probattached Corrective Action Form.)   | olen | n: (Any | nece  | essary corrective actions should be described on the       |
| Industrial Activity Area: Staging Areas  1. Brief Description: At the time of this inspection winter conditions were present and no equipment was staged on-site, the area was free of pollutants at this time.  |      |         |       |  |
| 2. Are any control measures in need of maintenance or repair?  |      | Yes     |       | No   |
| 3. Have any control measures failed and require replacement?   |      | Yes     |       | No   |
| 4. Are any additional/revised control measures necessary in this area?   |      | Yes     |       | No   |
| If YES to any of these three questions, provide a description of the probattached Corrective Action Form.)   | olem | n: (Any | nece  | essary corrective actions should be described on the       |
| Industrial Activity Area: 3 Velocity Dissipaters  1. Brief Description: At the time of this inspection winter conditions were present, the areas were covered in snow and frozen and were free of pollutants. Prior to freezing conditions inspections were made and areas were free of pollutants, no maintenance was required, and control measures were performing as designed. |      |         |       |  |
| 2. Are any control measures in need of maintenance or repair?  |      | Yes     |       | No   |
| 3. Have any control measures failed and require replacement?   |      | Yes     |       | No   |
| 4. Are any additional/revised control measures necessary in this area?   |      | Yes     |       | No   |
| If YES to any of these three questions, provide a description of the probattached Corrective Action Form.)   | olem | n: (Any | nece  | essary corrective actions should be described on the       |
|  |      |         |       |  |

| Permit Tracking # |  |  |
|-------------------|--|--|

| Section IV. Corrective Actions   |  |  |  |
|--|--|--|--|
| Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.  Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report. |  |  |  |
| 1. Corrective Action # 0 of 0 for this reporting period.   |  |  |  |
| 2. Is this corrective action:  |  |  |  |
| An update on a corrective action from a previous annual report; or   |  |  |  |
| A new corrective action?   |  |  |  |
| 3. Identify the condition(s) triggering the need for this review:  |  |  |  |
| Unauthorized release of discharge  Numeric effluent limitation exceedance  Control measures inadequate to meet applicable water quality standards  Control measures inadequate to meet non-numeric effluent limitations  Control measures not properly operated or maintained  Change in facility operations necessitated change in control measures  Average benchmark value exceedance   |  |  |  |
| Other (describe):  |  |  |  |
| 4. Briefly describe the nature of the problem identified:  |  |  |  |
| 5. Date problem identified:  |  |  |  |
| 6. How problem was identified:   |  |  |  |
| Comprehensive site inspection  Quarterly visual assessment  Routine facility inspection  Benchmark monitoring  Notification by EPA or ADEC  Other (describe):  |  |  |  |
| 7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:  |  |  |  |
| 8. Did/will this corrective action require modification of you SWPPP?  Yes  No   |  |  |  |
| 9. Date corrective action initiated:   |  |  |  |
| 10. Date corrective action completed: Or expected to be completed:   |  |  |  |
| 11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:   |  |  |  |

| Section V. Annual Report Certification  |
|---|
| Compliance Certification  |
| Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?  Yes No   |
| If No, summarize why you are not in compliance with the permit:  Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector  |
| permit, but by its MS4 instead.   |
|   |
|   |
|   |
|   |
| Annual Report Certification   |
| I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |
| Name of Authorized Representative: James Belz  Title: Superintendent  |
| Signature: Date Signed: 2-142 ZEmail: james.belz@anchorageak.gov  |
|   |



| Section I. General Information   |  |  |  |  |  |
|--|--|--|--|--|--|
| Facility Name: Native Heritage Center Snow Disposal Site   |  |  |  |  |  |
| APDES Permit Tracking Number: Not Applicable   |  |  |  |  |  |
| Facility Physical Address  |  |  |  |  |  |
| Street: 8902 Heritage Center Drive   |  |  |  |  |  |
| City: Anchorage State: Alaska Zip: 99504   |  |  |  |  |  |
| Lead Inspector's Name: Trent White Title: SWPPP Inspector  |  |  |  |  |  |
| Additional Inspectors Names: Dustin Richmond   |  |  |  |  |  |
| Contact Person: James Belz Title: Superintendent   |  |  |  |  |  |
| Phone: (907) 343-8265 Email: james.belz@anchorageak.gov  |  |  |  |  |  |
| Inspection Date: 12/06/2022  |  |  |  |  |  |
| Section II. General Inspection Findings  |  |  |  |  |  |
| 1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?  Yes No                                    |  |  |  |  |  |
| If NO, describe why not:   |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water. |  |  |  |  |  |
| 2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP?   |  |  |  |  |  |
| If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

| Permit | Tracking # |  |
|--------|------------|--|

| 3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?   |
|---|
| If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:  |
| any control measures in place.  |
|   |
|   |
|   |
|   |
|   |
| 4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots?  No NA, no monitoring performed  |
| If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:   |
|   |
|   |
|   |
|   |
|   |
|   |
| 5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:   |
| At the time of this inspection, winter conditions were present. All outfalls are frozen. In advance of the freezing conditions both the on-site drainage systems and outfalls were free of pollutants. The site   |
| outfalls and surrounding areas were inspected in advance of freezing conditions, no maintenance was   |
| required and control measures were performing as designed.  |
|   |
|   |
| 6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any |
| corrective actions identified as a result of this annual comprehensive site inspection?  Yes No   |
| If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the   |
| MSGP were addressed by these corrective actions?  |
|   |
| Note: Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of this comprehensive storm water inspection.   |

| Permit | Tracking # |  |
|--------|------------|--|

| Castian III Industrial Activity Aven Cassific Findings   |   |         |        |  |  |
|--|---|---------|--------|--|--|
| Section III. Industrial Activity Area Specific Findings  |   |         |        |  |  |
| Complete one block for each industrial activity area where pollutants may be   | ext   | osed    | to s   | storm water. Copy this page for additional industrial  |  |
| activity areas.  |   |         |        |  |  |
| In reviewing each area, you should consider:   |   |         |        |  |  |
| Industrial materials, residue, or trash that may have or could come into con   |   | with st | torn   | rm water;  |  |
| <ul> <li>Leaks or spills from industrial equipment, drums, tanks, and other container</li> <li>Offsite tracking of industrial or waste materials from areas of no exposure t</li> </ul>  |   | nocod   | 250    | race: and  |  |
| Tracking or blowing of raw, final, or waste material from areas of no exposure to the company of the compa      |   |         |        |  |  |
| Industrial Activity Area: RAP Access Road  | net   | о ехро  | seu    | u dicas.   |  |
|  |   |         |        |  |  |
| 1. Brief Description:  |   |         |        |  |  |
| Industrial equipment utilize this access road during fa  | acil  | ity o   | pe     | perations. At the time of this inspection              |  |
| winter conditions were present. The access road to the   | ne  | sno     | w:     | storage site has not been plowed.                      |  |
|  |   |         |        |  |  |
| 2.6  |   | ¥       |        | [2]  |  |
| Are any control measures in need of maintenance or repair?   | Н   | Yes     | -      | No   |  |
| Have any control measures failed and require replacement?  |   | Yes     | 8      | ✓ No   |  |
| 4. Are any additional/revised control measures necessary in this area?   | Ш   | Yes     |        | ✓ No   |  |
| If YES to any of these three questions, provide a description of the probl   | em:   | (Any    | nec    | ecessary corrective actions should be described on the |  |
| attached Corrective Action Form.)  |   |         |        |  |  |
|  |   |         |        |  |  |
|  |   |         |        |  |  |
|  |   |         |        |  |  |
|  |   |         |        |  |  |
| Industrial Activity Area: Snow Disposal Pad  |   |         |        |  |  |
|  |   |         |        |  |  |
| 1. Brief Description:  |   |         | - 4:   |  |  |
| Industrial equipment cross this pad during facility fall   |   |         |        |  |  |
| this inspection winter conditions were present. Snow   | ha  | s be    | er     | en stockpiled in storage area #1.                      |  |
|  |   |         |        |  |  |
| Are any control measures in need of maintenance or repair?   |   | Yes     | 6      | ✓ No   |  |
| Have any control measures failed and require replacement?  | H   | Yes     | 1      | ✓ No   |  |
|  | H   |         | -      |  |  |
| Are any additional/revised control measures necessary in this area?  | Ш   | Yes     | 1      | <b>V</b> No  |  |
| If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the   |   |         |        |  |  |
| attached Corrective Action Form.)  |   |         |        |  |  |
|  |   |         |        |  |  |
| a) as a  |   |         |        | w w  |  |
|  |   |         |        |  |  |
|  |   |         | Arri c |  |  |
| Industrial Activity Area: Retention Basin  |   |         |        |  |  |
| 1. Brief Description:  |   |         |        |  |  |
| The Country of Country and Cou | O14/  | mel     | t a    | and storm water. Stormwater or runoff                  |  |
| The primary purpose of the retention basin is to collect snow melt and storm water. Stormwater or runoff   |   |         |        |  |  |
| exposed to industrial equipment flows to this retention pond during the spring and summer months. At the time  |   |         |        |  |  |
| of this inspection winter conditions were present and the retention pond was frozen and covered with snow.   |   |         |        |  |  |
| Prior to freezing conditions, the area was inspected and n   | o p   | ollut   | an     | ints were observed.                                    |  |
| 2. Are any control measures in need of maintenance or repair?  |   | Yes     | •      | <b>✓</b> No  |  |
| 3. Have any control measures failed and require replacement?   |   | Yes     | [      | <b>✓</b> No  |  |
| 4. Are any additional/revised control measures necessary in this area?   | Are any additional/revised control measures necessary in this area? |         |        |  |  |
| If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the   |   |         |        |  |  |
| attached Corrective Action Form.)  |   |         |        |  |  |
|  |   |         |        |  |  |
|  |   |         |        |  |  |
|  |   |         |        |  |  |

| Permit Tracking #   |  |
|---------------------|--|
| r Cillill Hacking # |  |

| Note: Copy this page and attach additional pages as necessary.   |      |                |      |   |
|--|------|----------------|------|---|
| Industrial Activity Area: Staging Area   | 1570 |                |      |   |
| 1. Brief Description:  At the time of this inspection, winter conditions were present. A case dozer and one light plant were in the staging area. The staging area showed now signs of pollutants. |      |                |      |   |
|  | _    | 1              |      |   |
| Are any control measures in need of maintenance or repair?   | 누    | Yes            | V    | No  |
| Have any control measures failed and require replacement?  | Ļ    | Yes            | V    | No  |
| 4. Are any additional/revised control measures necessary in this area? If YES to any of these three questions, provide a description of the pro  | blen | Yes<br>n: (Anv | nece | No essary corrective actions should be described on the |
| attached Corrective Action Form.)  |      |                |      |   |
| Industrial Activity Area:  |      |                |      |   |
| 1. Brief Description:  |      |                |      | *   |
|  |      |                |      | e   |
| 2. Are any control measures in need of maintenance or repair?  |      | Yes            |      | No  |
| 3. Have any control measures failed and require replacement?   |      | Yes            |      | No  |
| 4. Are any additional/revised control measures necessary in this area?   |      | Yes            |      | No  |
| If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)                       |      |                |      |   |
| Industrial Activity Area:  |      |                |      |   |
| 1. Brief Description:  |      |                |      |   |
|  |      |                | 39   |   |
| 2. Are any control measures in need of maintenance or repair?  |      | Yes            |      | No  |
| 3. Have any control measures failed and require replacement?   |      | Yes            |      | No  |
| 4. Are any additional/revised control measures necessary in this area?   |      | Yes            |      | No  |
| If YES to any of these three questions, provide a description of the pro attached Corrective Action Form.)   | bler | n: (Any        | nec  | essary corrective actions should be described on the    |

| Section IV. Corrective Actions   |
|--|
| Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.  Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report. |
| 1. Corrective Action # 0 of 0 for this reporting period.   |
| 2. Is this corrective action:  |
| An update on a corrective action from a previous annual report; or A new corrective action?  |
| 3. Identify the condition(s) triggering the need for this review:  |
| Unauthorized release of discharge  Numeric effluent limitation exceedance  Control measures inadequate to meet applicable water quality standards  Control measures inadequate to meet non-numeric effluent limitations  Control measures not properly operated or maintained  Change in facility operations necessitated change in control measures  Average benchmark value exceedance  Other (describe):  |
| 4. Briefly describe the nature of the problem identified:  |
| 5. Date problem identified:  |
| 6. How problem was identified:   |
| Comprehensive site inspection  Quarterly visual assessment  Routine facility inspection  Benchmark monitoring  Notification by EPA or ADEC  Other (describe):  |
| 7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:  |
| 8. Did/will this corrective action require modification of you SWPPP?  Yes No  |
| 9. Date corrective action initiated:   |
| 10. Date corrective action completed:  Or expected to be completed:  |
| 11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:   |

| Section V. Annual Report Certification  |
|---|
| Compliance Certification  |
| Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?  Yes  No  |
| If No, summarize why you are not in compliance with the permit:  Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector  |
| permit, but by its MS4 instead.   |
|   |
|   |
|   |
|   |
| Annual Report Certification   |
| I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |
| Name of Authorized Representative: James Belz  Title: Superintendent  |
| Signature: Date Signed: )2-1422 Email: james.belz@anchorageak.gov   |
|   |